National Electronic Data Interchange Transaction Set Implementation Guide

Health Care Service Data Reporting

837

ASC X12N 837 (004040X156)

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837 Health Care Claim: Reporting

Table 1 - Header

PAGE#	POS.#	SEG. ID	NAME		USAGE	REPEAT	LOOP REPEAT
10	0050	ST	Transaction Set Header		R	1	
11	0100	BHT	Beginning of Hierarchical Transaction		R	1	
14	0150	REF	Transmission Type Identification		R	1	
			LOOP ID - 1000A SUBMITTER NAME	-7			(1)
16	0200	NM1	Submitter Name		R	1	
			LOOP ID - 1000B RECEIVER NAME				1
18	0200	NM1	Receiver Name		R	1	

Table 2 - Billing/Pay-To Provider Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A SERVICE PROVIDER HIERARCHICAL LEVEL			>1
20	0010	HL	Service Provider Hierarchical Level R		1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
22	0150	NM1	Service Provider Name	R		1
25	0350	REF	Service Provider Secondary Identification	S		8

Table 2 - Subscriber Detail

PAGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			>1
28	0010	HL	Subscriber Hierarchical Level	R	1	
30	0050	SBR	Subscriber Information	R	1	
34	0070	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			1
36	0150	NM1	Subscriber Name	R	1	
40	0250	N3	Subscriber Address	S	1	
41	0300	N4	Subscriber City/State/ZIP Code	S	1	
43	0320	DMG	Subscriber Demographic Information	S	1	
45	0350	REF	Subscriber Secondary Identification	S	4	
			LOOP ID - 2010BC PAYER NAME			1
47	0150	NM1	Payer Name	R	1	
49	0350	REF	Payer Secondary Identification	S	3	

Table 2 - Patient Detail

AGE#	POS.#	SEG. ID	NAME	USAGE	REPEAT	LOOP REPE
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			;
1	0010	HL	Patient Hierarchical Level	S	1	
3	0070	PAT	Patient Information	R	1	
			LOOP ID - 2010CA PATIENT NAME			1
5	0150	NM1	Patient Name	R	1	
3	0250	N3	Patient Address	R	1	
9	0300	N4	Patient City/State/ZIP Code	R	1	
l	0320	DMG	Patient Demographic Information	R	1	
3	0350	REF	Patient Secondary Identification Number	S	5	
			LOOP ID - 2300 CLAIM INFORMATION			100
5	1300	CLM	Claim information	R	1	
)	1350	DTP	Discharge Hour	S	1	
	1350	DTP	Statement Dates	R	1	
3	1350	DTP	Admission Date/Hour	S	1	
5	1400	CL1	Institutional Claim Code	S	1	
7	1550	PWK	Claim Supplemental Information	S	10	
)	1750	AMT	Payer Estimated Amount Due	s	1	
<u> </u>	1750	AMT	Patient Estimated Amount Due	S	1	
ļ	1800	REF	Medical Record Number	S	1	
3	1800	REF	Mother's Medical Record Number for Newborns	S	1	
7	1850	K3	File Information	S	10	
3	1900	NTE	Claim Note	S	10	
)	2310	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	R	1	
3	2310	н	Other Diagnosis Information	s	2	
)3		HI	Principal Procedure Information	S	- 1	
)5		HI	Other Procedure Information	S	2	
18		HI	Occurrence Span Information	S	2	
29	2310	н	Occurrence Information	S	2	
	2310		Value Information	S	2	
	2310	н	Condition Information	S	2	
	2400	QTY	Claim Quantity	S	4	
			LOOP ID - 2310A ATTENDING PHYSICIAN NAME			1
	2500	NM1	Attending Physician Name	S	1	
	2710		Attending Physician Secondary Identification	S	5	
			LOOP ID - 2310B OPERATING PHYSICIAN NAME		-	1
	2500	NM1	Operating Physician Name	S	1	•
	2710		Operating Physician Secondary Identification	S	5	
			LOOP ID - 2310C OTHER PROVIDER NAME			1
	2500	NIM1	Other Provider Name	S	1	•
	2710		Other Provider Secondary Identification	S	5	
	27.10	1121				10
	2900	CDD	LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION Other Subscriber Information	=]。	4	10
			Modicare Inpatient Adjudication Information	s s	1	
	3150	WIIA	Medicare Inpatient Adjudication Information LOOP ID - 2330A OTHER SUBSCRIBER NAME	_ 3	1	1
	2250	NIM4	Other Subscriber Name	Р	4	1
		NM1		R	1	
	3550	REF	Other Subscriber Secondary Information	S	3	
			LOOP ID - 2330B OTHER PAYER NAME	_		1
_	3250 3550		Other Payer Name	R	1	
		REF	Other Payer Secondary Identification and Reference	S	2	1 1

		LOOP ID - 2400 SERVICE LINE NUMBER			999	
3650	LX	Service Line Number	R	1		
3750	SV2	Institutional Service Line	R	1		
5550	SE	Transaction Set Trailer	R	1		

STANDARD

837 Health Care Claim

Functional Group ID: HC

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Table 1 - Header

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0050	ST	Transaction Set Header	M	1	
0100	BHT	Beginning of Hierarchical Transaction	M	1	
0150	REF	Reference Identification	0	3	
		LOOP ID - 1000			10
0200	NM1	Individual or Organizational Name	0	1	
0250	N2	Additional Name Information	0	2	
0300	N3	Address Information	0	2	
0350	N4	Geographic Location	0	1	
0400	REF	Reference Identification	0	2	
0450	PER	Administrative Communications Contact	0	2	

Table 2 - Detail

POS.#	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
		LOOP ID - 2000			>1
0010	HL	Hierarchical Level	M	1	
0030	PRV	Provider Information	0	1	
0050	SBR	Subscriber Information	0	1	
0070	PAT	Patient Information	0	1	
0090	DTP	Date or Time or Period	0	5	
0100	CUR	Currency	0	1	
		LOOP ID - 2010			10
0150	NM1	Individual or Organizational Name	0	1	
0200	N2	Additional Name Information	0	2	

0250	N3	Address Information	Ο	2	
0300	N4	Geographic Location	0	1	
0320	DMG	Demographic Information	0	1	
0350	REF	Reference Identification	0	20	
0400	PER	Administrative Communications Contact	0	2	
		LOOP ID - 2300			100
1300	CLM	Health Claim	0	1	
1350	DTP	Date or Time or Period	0	150	
1400	CL1	Claim Codes	0	1	
1450	DN1	Orthodontic Information	0	1	
1500	DN2	Tooth Summary	0	35	
1550	PWK	Paperwork	0	10	
1600	CN1	Contract Information	0	1	
1650	DSB	Disability Information	0	1	
1700	UR	Peer Review Organization or Utilization Review	0	1	
1750		Monetary Amount	0	40	
1800		Reference Identification	0	30	
1850	-	File Information	0	10	
1900		Note/Special Instruction	0	20	
1950	_	Ambulance Certification	0	1	
2000		Chiropractic Certification	0	1	
2050		Durable Medical Equipment Certification	0	1	
2100	_	Enteral or Parenteral Therapy Certification	0	3	
2150		Oxygen Therapy Certification	0	1	
2160		Home Health Care Certification	0	1	
2190		Pacemaker Certification Conditions Indicator	0	9	
2200 2310		Health Care Information Codes	0	100 25	
2400		Quantity	0	10	
2410	-	Health Care Pricing	0	10	
2410	1101	LOOP ID - 2305		<u> </u>	6
2420	CD7	Home Health Treatment Plan Certification	0	1	0
2430	-	Health Care Services Delivery	0	12	
2400	1100	LOOP ID - 2310			9
2500	NIM1	Individual or Organizational Name	0	1	9
2550		Provider Information	0	1	
2600		Additional Name Information	0	2	
2650		Address Information	Ö	2	
2700		Geographic Location	o	1	
2710		Reference Identification	o	20	
2750		Administrative Communications Contact	0	2	
		LOOP ID - 2320			10
2900	SBR	Subscriber Information	0	1	10
2950		Claims Adjustment	o	99	
3000		Monetary Amount	O	15	
3050		Demographic Information	0	1	
3100	OI	Other Health Insurance Information	0	1	
3150		Medicare Inpatient Adjudication	0	1	
3200		Medicare Outpatient Adjudication	0	1	
		LOOP ID - 2330			10
3250	NM1	Individual or Organizational Name	0	1	
3300		Additional Name Information	0	2	
3320		Address Information	0	2	
3400	N4	Geographic Location	0	1	
3450	PER	Administrative Communications Contact	0	2	

3500	DTP	Date or Time or Period	0	9	
	REF	Reference Identification	Ö	>1	
0000		LOOP ID - 2400			>1
3650	ıv	Assigned Number	0	1	
3700		Professional Service	0	1	
	SV2	Institutional Service	o	1	
	SV3	Dental Service	o	1	
	TOO	Tooth Identification	Ö	32	
	SV4	Drug Service	Ö	1	
	SV5	Durable Medical Equipment Service	Ö	1	
	SV6	Anesthesia Service	Ö	1	
	SV7	Drug Adjudication	0	1	
4150		Health Care Information Codes	Ö	25	
	PWK	Paperwork	0	10	
	CR1	Ambulance Certification	0	1	
	CR2	Chiropractic Certification	0	5	
	CR3	Durable Medical Equipment Certification	0	1	
	CR4	Enteral or Parenteral Therapy Certification	0	3	
	CR5	Oxygen Therapy Certification	0	1	
	CRC	Conditions Indicator	0	3	
	DTP	Date or Time or Period	0	15	
4600	QTY	Quantity	0	5	
4620	MEA	Measurements	0	20	
4650	CN1	Contract Information	0	1	
4700	REF	Reference Identification	0	30	
4750	AMT	Monetary Amount	0	15	
4800	K3	File Information	О	10	
4850	NTE	Note/Special Instruction	0	10	
4880	PS1	Purchase Service	0	1	
4900	IMM	Immunization Status Code	0	>1	
4910	HSD	Health Care Services Delivery	0	1	
1920	HCP	Health Care Pricing	0	1	
		LOOP ID - 2410			>1
1930	LIN	Item Identification	0	1	
1940	CTP	Pricing Information	0	1	
4950	REF	Reference Identification	О	1	
		LOOP ID - 2420			10
5000	NM1	Individual or Organizational Name	0	1	
5050	PRV	Provider Information	0	1	
5100		Additional Name Information	0	2	
5140		Address Information	0	2	
5200		Geographic Location	0	1	
	REF	Reference Identification	0	20	
5300	PER	Administrative Communications Contact	0	2	
		LOOP ID - 2430			>1
5400	SVD	Service Line Adjudication	0	1	
	CAS	Claims Adjustment	Ō	99	
	DTP	Date or Time or Period	0	9	
		LOOP ID - 2440			1
5510	I O	Industry Code	0	1	•
	_~	-			
	FRM	Supporting Documentation	M	99	

NOTES:

- 1/0200 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- **2/0150** Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/1950 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/2500 Loop 2310 contains information about the rendering, referring, or attending provider.
- **2/2900** Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/3250 Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/3650 Loop 2400 contains Service Line information.
- 2/4250 The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/4930 Loop 2410 contains compound drug components, quantities and prices.
- 2/5000 Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim level segments if the entity identifier codes in each NM1 segment are the same.
- 2/5400 SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/5510 Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.
- **2/5520** FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.



TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Example: ST*837*987654~

STANDARD

ST Transaction Set Header

Level: Header

Position: 0050

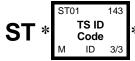
Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

DIAGRAM







USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set		M	ID	3/3
			of the interchang	SEMANTIC: The transaction set identifier (ST01) is used by the translation r of the interchange partners to select the appropriate transaction set defin (e.g., 810 selects the Invoice Transaction Set).			
			CODE	DEFINITION			
			837	Health Care Claim			
				REQUIRED			
REQUIRED	ST02	Transaction Set Control Number Identifying control number that must be unique within the functional group assigned by the originator for a transaction.				AN tion set	4/9
			identical. This research. Sub number 0001 must be uniqu	on Set Control Number in ST02 and a unique number also aids in error remitters could be sending transaction this element and increment from ue within a specific functional group SA-IEA), but can repeat in other group	esolu ons u there	ition sing the . The n -GE) an	e umber
NOT USED	ST03	1705	Implementation	on Convention Reference	0	AN	1/35

BEGINNING OF HIERARCHICAL TRANSACTION

Usage: REQUIRED

Repeat: 1

Notes: 1. BHT03 is the file sequence and serial number - UB cross reference

01017.

2. BHT04 is the Processing Date - UB cross reference 01020.

Example: BHT*0019*00*0123*19960618*0932*RP~



STANDARD

BHT Beginning of Hierarchical Transaction

Level: Header **Position:** 0100

Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To define the business hierarchical structure of the transaction set and identify

the business application purpose and reference data, i.e., number, date, and

time

DIAGRAM













USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	BHT01	1005	Hierarchical S	M	ID	4/4	
				Code indicating the hierarchical application structure of a tra utilizes the HL segment to define the structure of the transa			that
			CODE	DEFINITION			
			0019	Information Source, Subscriber, D	epen	dent	

REQUIRED BHT02 353 Transaction Set Purpose Code M ID 2/2 Code identifying purpose of transaction set

BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms "original" and "reissue" refer to the electronic transmission status

"original" and "reissue" refer to the electronic transmission status of the 837 batch, not the billing status.

ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.

REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use "Reissue" when resending transmission batches that have been previously sent.

CODE	DEFINITION
00	Original
18	Reissue

REQUIRED BHT03 127 Reference Identification O AN 1/50

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.

Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.

REQUIRED BHT04 373 Date O DT 8/8

Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year

SEMANTIC: BHT04 is the date the transaction was created within the business application system.

Use this date to identify the date on which the submitter created the file.

REQUIRED BHT05 337 Time O TM 4/8 Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or

Hime expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)

SEMANTIC: BHT05 is the time the transaction was created within the business application system.

Use this time to identify the time of day that the submitter created the file.

640

REQUIRED BHT06

Transaction Type Code

ID 0

2/2

Code specifying the type of transaction ALIAS: Claim or Encounter Indicator

Use RP when the entire ST-SE envelope contains encounter

transmissions.

Use RP when the transmission is being sent to an entity (usually not a payer or a normal provider-payer transmission itermediary) for purposes other than adjudication of a claim. Such an entity could be a state health agency which is using the 837 for health data reporting purposes.

CODE	DEFINITION
GH	Chargeable Use this code when the transmission contains only fee-for-service claims or claims with at least one chargeable line part of it is not clear whether a transaction is a claim or encounter, the developers of this implementation guide recommend submitting
	the transaction as a claim.
RP	Reporting
	Use this code to send a batch of encounters.

TRANSMISSION TYPE IDENTIFICATION

Usage: REQUIRED

Repeat: 1

Notes: 1. Test / Production Indicator - UB cross reference 01018.

Example: REF*87*004010X156~



STANDARD

REF Reference Identification

Level: Header

Position: 0150

Loop: ____

Requirement: Optional

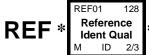
Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203

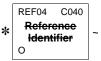
At least one of REF02 or REF03 is required.

DIAGRAM









USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3
			REF01 - Test	/ Production Indicator - Qualifier Cod	de 87		
			CODE	DEFINITION			
			87	Functional Category			
REQUIRED	REF02	127	by the Reference	entification nation as defined for a particular Transactio e Identification Qualifier	X n Set	AN or as sp	1/50 pecified
			SYNTAX: R0203				
			004010X096D	oft is used to pilot the transaction se . When this draft is used to send the mode, this value is 004010X096.	•		
			REF02 - Test	Value = 004010X156D.			
			REF02 - Prod	uction Value = 004010X156.			

NOT USED REF03 352 Description X AN 1/80 NOT USED REF04 C040 REFERENCE IDENTIFIER O

SUBMITTER NAME

Loop: 1000A — SUBMITTER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See

Appendix A for further details on ASC X12 nomenclature.

Example: NM1*41*2*ABC Submitter****46*99999999-

3. Submitter Name - UB cross reference 01009.

STANDARD

NM1 Individual or Organizational Name

Level: Header Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

 Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

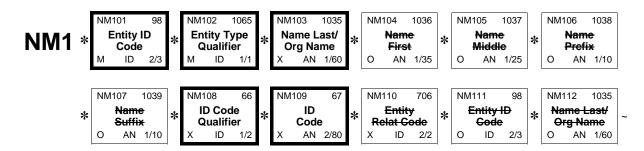
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	res
REQUIRED	NM101	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location,	M prop	ID perty or a	2/3 an
			CODE	DEFINITION			
			41	Submitter			
REQUIRED	NM102	1065	Entity Type Qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name me or organizational name	X	AN	1/60
			ALIAS: Submitte	er Name			
			SYNTAX : C1203				
NOT USED	NM104	1036	Name First		0	AN	1/35
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	X for I	ID dentifica	1/2 tion
			SYNTAX: P0809				
			CODE	DEFINITION			
			46	Electronic Transmitter Identification	n Nı	ımber (ETIN)
				Established by a trading partner ag		_	•
REQUIRED	NM109	67	Identification (Code a party or other code	X	AN	2/80
			ALIAS: Submitte	er Primary Identification Number			
			SYNTAX: P0809	•			
			Federal Tax ID				
NOT USED	NM110	706	Entity Relation	nship Code	Х	ID	2/2
NOT USED	NM111	98	Entity Identifie	•	0	ID	2/3
NOT USED	NM112	1035	-	Organization Name	0	AN	1/60
				-			

RECEIVER NAME

Loop: 1000B — RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed

description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Appendix A for further details on AGO X12 homeholded

STANDARD

NM1 Individual or Organizational Name

Example: NM1*40*2*CSC HEALTHCARE****46*112223333~

Level: Header Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax:

1. P0809

If either NM108 or NM109 is present, then the other is required.

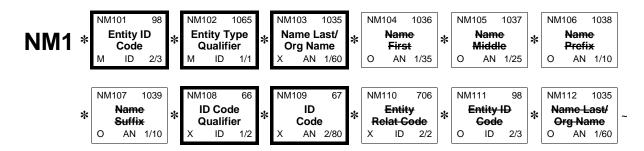
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	NM101	98	Entity Identifi Code identifying individual	er Code an organizational entity, a physical location	M on, prop	ID perty or	2/3 an
			CODE	DEFINITION			
			40	Receiver			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	tualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name ame or organizational name	X	AN	1/60
			SYNTAX: C1203				
			State or entity NY put SPAR	y receiving data - i.e. for New Jerse CS.	y put	NJDDC	S for
NOT USED	NM104	1036	Name First		0	AN	1/35
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier ag the system/method of code structure us	X ed for l	ID Identifica	1/2 ation
			SYNTAX : P0809				
			CODE	DEFINITION			
			46	Electronic Transmitter Identificat	ion N	umber	(ETIN)
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			ALIAS: Receive	r Primary Identification Number			
			SYNTAX : P0809				
NOT USED	NM110	706	Entity Relatio	nship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifi	er Code	0	ID	2/3
NOT USED	NM112	1035	Name Last or	Organization Name	0	AN	1/60

SERVICE PROVIDER HIERARCHICAL LEVEL

Loop: 2000A — SERVICE PROVIDER HIERARCHICAL LEVEL Repeat:

>1

Usage: REQUIRED

Repeat: 1

Notes:

 Use the Billing Provider HL to identify the original entity who submitted the electronic claim/encounter to the destination payer identified in Loop ID-2010BC. The billing provider entity may be a health care provider, a billing service, or some other representative of the provider



- 2. The Billing/Pay-to Provider HL may contain information about the Payto Provider entity. If the Pay-to Provider entity is the same as the Billing Provider entity, then only use Loop ID-2010AA.
- 3. If the Service Facility Provider is the same entity as the Billing or the Pay-to Provider then do not use Loop 2310E.
- 4. If the Billing or Pay-to Provider is also the Service Facility Provider and Loop ID 2310E is not used, the Loop ID-2000 PRV must be used to indicate which entity (Billing or Pay-to) is the Service Facility Provider.
- 4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL*1**20*1~

STANDARD

HL Hierarchical Level

Level: Detail Position: 0010

Loop: 2000 Repeat: >1

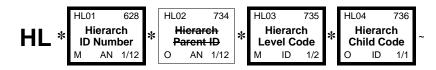
Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		А	TTRIBU	TES
REQUIRED	HL01	628	Hierarchical ID Number A unique number assigned by the a hierarchical structure	-		\N a segr	1/12 ment in
			COMMENT: HL01 shall contain a unic of the HL segment in the transactic indicate the number of occurrences HL01 would be "1" for the initial HL each subsequent HL segment with	on set. For example, HL01 of s of the HL segment, in white segment and would be inc	could b ch cas	e use	ed to value of
			HL01 must begin with "1" an HL is used in the transaction HL01.				
NOT USED	HL02	734	Hierarchical Parent ID Number	er (O A	٨N	1/12
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of			D	1/2
			COMMENT: HL03 indicates the contecurrent HL segment up to the next transaction. For example, HL03 is the HL loop form a logical grouping level information.	occurrence of an HL segmoused to indicate that subse	ent in t	the segm	ents in
			CODE DEFINITION				
			20 Information S	ource			
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarc level being described	·	-	D nate	1/1 to the
			COMMENT: HL04 indicates whether of segments related to the current HL		e (or ch	nild) F	łL
			The claim loop (Loop ID-2300 subordinate levels (HL04 = 0)		en HL	_04 h	nas no
			CODE DEFINITION				
			1 Additional Su Hierarchical S	bordinate HL Data Seg tructure.	ment	in T	his

SERVICE PROVIDER NAME

Loop: 2010AA — SERVICE PROVIDER NAME Repeat: 1



Usage: REQUIRED

Repeat: 1

Notes:

1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

2. Although the name of this loop/segment is "Billing Provider" the loop/segment really identifies the billing entity. The billing entity does not have to be a health care provider to use this loop. However, some payers do not accept claims from non-provider billing entities.

Example: NM1*85*2*JONES HOSPITAL****XX*45609312~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

=

Set Notes:

 Loop 2010 contains information about entities that apply to all reported services in loop 2300. For example, these entities may include billing provider, pay to

inpatient hospital services, outpatient hospital services, or free standing clinic services.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

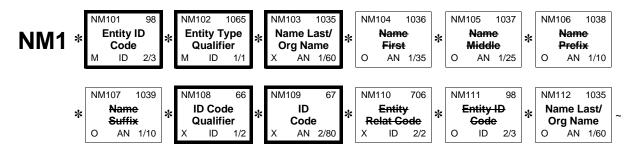
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES		
REQUIRED	NM101	98	Entity Identification Code identifyin individual	ier Code g an organizational entity, a physical lo	M cation, prop	ID perty or a	2/3 an		
			CODE	DEFINITION					
			SJ	Service Provider					
				Use this code to indicate serv			ing		
REQUIRED	NM102	1065	Entity Type (M	ID	1/1		
			SEMANTIC: NM1	02 qualifies NM103.					
			CODE	DEFINITION					
			2	Non-Person Entity					
REQUIRED	NM103	1035		r Organization Name name or organizational name	x	AN	1/60		
			ALIAS: Service	Provider Name					
			SYNTAX: C1203						
			UB-92 Refere	ence [UB-92 Name]:					
			1, Line 1 [Provider Name, Address and Telephone Number]						
			EMC v.6.0 Re	eference:					
			Record Type	10 Field No. 12					
NOT USED	NM104	1036	Name First		0	AN	1/35		
NOT USED	NM105	1037	Name Middle)	0	AN	1/25		
NOT USED	NM106	1038	Name Prefix		0	AN	1/10		
NOT USED	NM107	1039	Name Suffix		0	AN	1/10		
REQUIRED	NM108	66		n Code Qualifier ng the system/method of code structur	X e used for I	ID dentifica	1/2 ation		
			SYNTAX : P0809						
			Number or th	is used, then either the Employe ne Social Security Number of the REF in this loop.					
			CODE	DEFINITION					
			24	Employer's Identification Nun	nber				
			34	Social Security Number					
			XX	Health Care Financing Admin Provider Identifier	istration l	Nationa	al		
REQUIRED	NM109	67	Identification Code identifyin	n Code g a party or other code	X	AN	2/80		
			ALIAS: Billing I	Provider Primary ID					
			SYNTAX : P0809						
NOT USED	NM110	706	Entity Relation	anahin Cada	Х	ID	2/2		

NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3
SITUATIONAL	NM112	1035	Name Last or Organization Name Individual last name or organizational name	0	AN	1/60

SYNTAX: C1203

COMMENT: NM112 can identify a second surname.



SERVICE PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AA - SERVICE PROVIDER NAME

Usage: SITUATIONAL

Repeat: 8

Notes:

- Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
- 2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
- 3. If "code XX NPI" is used in the NM108/09 of this loop, then either the Employer's Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example: REF*SY*987654~

STANDARD

REF Reference Identification

Level: Detail **Position:** 0350

Loop: 2010

Requirement: Optional

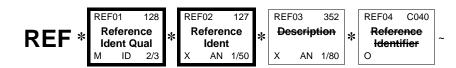
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED REF01 128 Reference Identification Qualifier M ID 2/3
Code qualifying the Reference Identification

Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. See *Appendix G, Credit/Debit Card Use*, for details.

Until NPI implemented this is required for Reporting Guide use by states.

CODE	DEFINITION
0B	State License Number
1A	Blue Cross Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24
1B	Blue Shield Provider Number
1C	Medicare Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 6 Record Type 30 Field No. 24
1D	Medicaid Provider Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 7
1G	Provider UPIN Number
1H	CHAMPUS Identification Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 8 Record Type 30 Field No. 24
1J	Facility ID Number
В3	Preferred Provider Organization Number
BQ	Health Maintenance Organization Code Number
EI	Employer's Identification Number UB-92 Reference [UB-92 Name]: 5 [Payer Identification] EMC v.6.0 Reference:

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				Record Type 10 Field No. 4, 5			
			FH	Clinic Number			
			G2	Provider Commercial Number UB-92 Reference [UB-92 Name]: 51 (A-C) [Provider Number] EMC v.6.0 Reference: Record Type 10 Field No. 9, 10 Record Type 30 Field No. 24			
			G5	Provider Site Number			
			LU	Location Number			
		SY	Social Security Number UB-92 Reference [UB-92 Name]: 5 [Payer Identification] EMC v.6.0 Reference: Record Type 10 Field No. 4, 5				
			X5	State Industrial Accident Provider I	Num	ber	
REQUIRED	REF02	127		ntification lation as defined for a particular Transaction Identification Qualifier	X n Set	AN or as sp	1/50 ecified
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	DENTIFIER	0		

SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Notes:

- If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.
- 2. The Subscriber HL contains information about the person who is listed as the subscriber/insured for the destination payer entity (Loop ID-2010BA). The Subscriber HL contains information identifying the subscriber (Loop ID-2010BA), his or her insurance (Loop ID-2010BC), and responsible party (Loop ID-2010BD). In addition, information about the credit/debit card holder is placed in this HL (Loop ID-2010BB). The credit/debit card holder may or may not be the subscriber. See Appendix G, Credit/Debit Card Use, for a description of using Loop ID-2010BD.
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 4. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL*124*123*22*1~

STANDARD

HL Hierarchical Level

Level: Detail **Position:** 0010

Loop: 2000 Repeat: >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	Hierarchical ID Number M A unique number assigned by the sender to identify a particular d a hierarchical structure	AN 1/12 ata segment in
			COMMENT: HL01 shall contain a unique alphanumeric number for e of the HL segment in the transaction set. For example, HL01 coul indicate the number of occurrences of the HL segment, in which of HL01 would be "1" for the initial HL segment and would be increme each subsequent HL segment within the transaction.	d be used to case the value of
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data segment segment being described is subordinate to	AN 1/12 that the data
			COMMENT: HL02 identifies the hierarchical ID number of the HL segment is subordinate.	gment to which
REQUIRED	HL03	735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical structu	ID 1/2 re
			COMMENT: HL03 indicates the context of the series of segments fol current HL segment up to the next occurrence of an HL segment transaction. For example, HL03 is used to indicate that subsequent the HL loop form a logical grouping of data referring to shipment, level information.	in the nt segments in
			CODE DEFINITION	
			22 Subscriber	
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segments subolevel being described	ID 1/1 ordinate to the
			COMMENT: HL04 indicates whether or not there are subordinate (or segments related to the current HL segment.	child) HL
			The claim loop (Loop ID-2300) can be used both when subordinate levels ($HL04 = 0$) or when $HL04$ has subor indicated ($HL04 = 1$).	
			In the first case (HL04 = 0), the subscriber is the patier are no dependent claims. The second case (HL04 = 1) when claims/encounters for both the subscriber and a of theirs are being sent under the same billing provide father and son are both involved in the same automob and are treated by the same provider). In that case, the HL04 = 1 because there is a dependent to this subscrib 2300 loop for the subscriber/patient (father) would beg subscriber HL. The dependent HL (son) would then be 2300 loop for the dependent/patient would be run after HL04=1 would also be used when a claim/encounter for dependent is being sent.	happens dependent r HL (e.g., a ile accident e subscriber ber, but the jin after the run and the that HL.
			CODE DEFINITION	
			0 No Subordinate HL Segment in This His Structure.	erarchical

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Additional Subordinate HL Data Segment in This

Hierarchical Structure.

SUBSCRIBER INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: REQUIRED

Repeat: 1

Example: SBR*P**GRP01020102******CI~

STANDARD

SBR Subscriber Information

Level: Detail

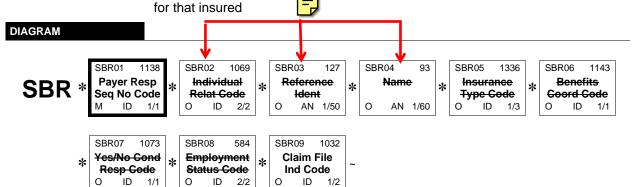
Position: 0050

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

SBR08

NOT USED

584

0

ID

2/2

IMPLEMENTATION	GUIDE			SUBS	CRIBE	R INFO	RMATION	
REQUIRED	SBR01	1138		nsibility Sequence Number Code g the insurance carrier's level of responsib	M oility for a	ID a payme	1/1 ent of a	
			UB-92 Refere	ence [UB-92 Name]:				
			50 (A-C) [Pay	er Identification]				
			51 (A-C) [Pro	vider Number]				
			52 (A-C) [Rele	ease of Information Certification In	dicato	r]		
			53 (A-C) [Ass	signment of Benefits Certification I	ndicato	or]		
			54 (A-C) [Pric	or Payments - Payers and Patient]				
			55 (A-C) [Esti	imated Amount Due]				
			58 (A-C) [Inst	ured's Name]				
			59 (A-C) [Pati	ient's Relationship to Insured]				
			• • •	tificate/Social Security Number/He fication Number]	alth Ins	suranc	е	
			61 (A-C) [Inst	ured Group Name]				
			62 (A-C) [Inst	urance Group Number]				
			63 (A-C) [Trea	atment Authorization Code]				
			64 (A-C) [Em	ployment Status Code of the Insure	ed]			
			65 (A-C) [Em	ployer Name of the Insured]				
			66 (A-C) [Em	ployer Location of the Insured]				
			EMC v.6.0 Re	eference:				
			Record Type	30 Field No. 2 (Sequence 01-03)				
			Record Type	31 Field No. 2 (Sequence 01-03)				
			Record Type	32 Field No. 2 (Sequence 01-03)				
			Record Type	40 Field No. 5, 6, 7				
			CODE	DEFINITION				
			P	Primary				
			S	Secondary				
		_ \	Ŧ	Tertiary				
				Use to indicate 'payer of last res	ort'.			
SITUATIONAL	SBR02	1069	Individual Re	lationship Code	0	ID	2/2	
SITUATIONAL	SBR03	127	Reference Ide	•	0	AN	1/50	
SITUATIONAL	SBR04	93	Name	· · · · · · · · · · · · · · · · · · ·	0	AN	1/60	
NOT USED	SBR05	1336	Insurance Ty	pe Code	0	ID	1/3	
NOT USED	SBR06	1143	-	of Benefits Code	0	ID	1/1	
NOT USED				lition or Response Code	_		1/1	
	SBR07	1073	res/No Cond	illion or Kesponse Code	0	ID	1/1	

Employment Status Code

SITUATIONAL

SBR09

Claim Filing Indicator Code Code identifying type of claim 1032

ID 0 1/2

EMC v.6.0 Reference:



Record Type 30 Field No. 4 (not all codes map)

Required prior to mandated use of PlanID. Not used after PlanID is mandated.

manuateu.	
CODE	DEFINITION
09	Self-pay EMC v.6.0 Reference: Record Type 30 Field No. 4 Code A
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO) Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
14	Exclusive Provider Organization (EPO) Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
BL	Blue Cross/Blue Shield EMC v.6.0 Reference: Record Type 30 Field No. 4 Code G
СН	Champus EMC v.6.0 Reference: Record Type 30 Field No. 4 Code H
CI	Commercial Insurance Co. EMC v.6.0 Reference: Record Type 30 Field No. 4 Code F
НМ	Health Maintenance Organization There is no map to EMC v.6.0. (Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment)
MA	Medicare Part A EMC v.6.0 Reference: Record Type 30 Field No. 4 Code C (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)
МВ	Medicare Part B Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment

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MC	Medicaid EMC v.6.0 Reference: Record Type 30 Field No. 4 Code D
OF	Other Federal Program EMC v.6.0 Reference: Record Type 30 Field No. 4 Code E
VA	Veterans Affairs Plan Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment. Refers to Veterans Affairs Plan.
wc	Workers' Compensation Health Claim EMC v.6.0 Reference: Record Type 30 Field No. 4 Code B (Same as the qualifier used inCLP06 of 835 Health Care Claim Payment)
ZZ	Mutually Defined Unknown Required value if the HIPAA Individual Identifier is mandated for use. Otherwise, the MI qualifier is used.

PATIENT INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required if the subscriber is the same person as the patient (Loop ID-

2000B SBR02=18), and information in this PAT segment (patient weight see PAT07 and PAT08, or Pregnancy Indicator see PAT09) is

necessary to file the claim/encounter.

Example: PAT*******GR*1768*Y~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

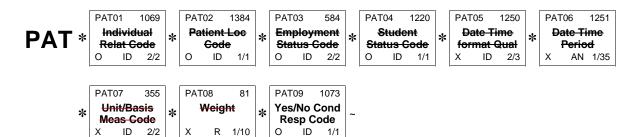
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

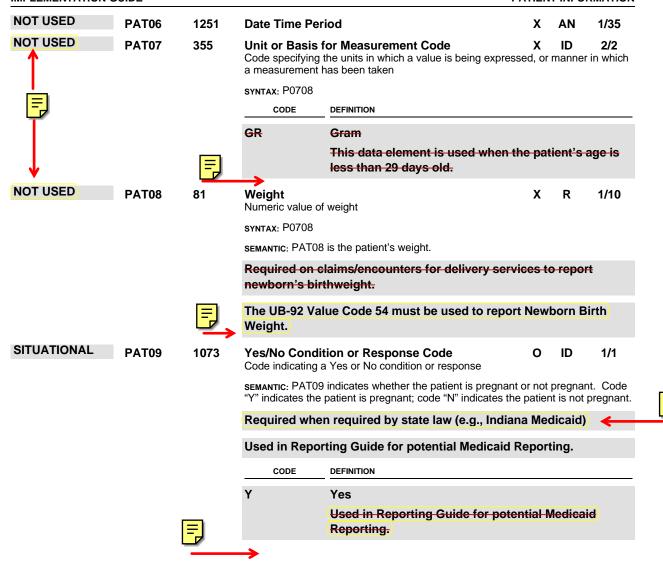
2. P0708

If either PAT07 or PAT08 is present, then the other is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	PAT01	1069	Individual Relationship Code	0	ID	2/2
NOT USED	PAT02	1384	Patient Location Code	0	ID	1/1
NOT USED	PAT03	584	Employment Status Code	0	ID	2/2
NOT USED	PAT04	1220	Student Status Code	0	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X	ID	2/3



SUBSCRIBER NAME

Loop: 2010BA — SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:

- 1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.
- 2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
- 3. When this information cannot be reported by statute or regulation, then a masked value should be reported.

Example: NM1*IL*1*DOE*JOHN*T***MI*739004273~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 0150

Loop: 2010 **Repeat:** 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include (inpatient hospital services,) outpatient hospital services, or free standing clinic services.)

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

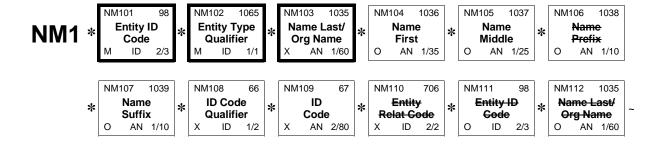
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	NM101	98	Entity Identifi Code identifying individual	er Code an organizational entity, a physical location	M n, prop	ID perty or a	2/3 an
			CODE	DEFINITION			
			IL	Insured or Subscriber			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	ualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035		Organization Name ame or organizational name	X	AN	1/60
			•	nce [UB-92 Name]:			
			58 (A-C) [Insu				
				-			
			EMC v.6.0 Re				
			Record Type	30 Field No. 12 (Sequence 01-03)			
				ormation cannot be reported by stat	ute c	r regul	lation,
SITUATIONAL	NM104	1036	Name First Individual first na	ame	0	AN	1/35
			UB-92 Refere	nce [UB-92 Name]:			
			58 (A-C) [Insu	ıred's Name]			
			EMC v.6.0 Re	ference:			
			Record Type	30 Field No. 13 (Sequence 01-03)			
			This data eler	s one	(1).		
				ormation cannot be reported by stat name should be masked.	ute c	or regul	lation,

SUBSCRIBER NAME			IN	/IPLEME	NTATIO	ON GUIDE			
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			ALIAS: Subscriber's Middle Initial						
			UB-92 Reference [UB-92 Name]:						
			58 (A-C) [Insured's Name]						
			EMC v.6.0 Reference:						
			Record Type 30 Field No. 14 (Sequence 01-03)						
			This data element is required when NM102 = 1 a or Initial of the person is known.	and the	Middle	e Name			
			When this information cannot be reported by s then the middle name should be masked.	tatute o	or regu	lation,			
NOT USED	NM106	1038	Name Prefix	0	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.						
			When this information cannot be reported by s then the name suffix should be masked.	tatute d	or regu	lation,			
SITUATIONAL	UATIONAL NM108 66		Identification Code Qualifier Code designating the system/method of code structure u Code (67)	X sed for	ID dentifica	1/2 ation			
			syntax: P0809						
			This data element is required when NM102 equ	als one	· (1)				
			MI is also intended to be used in claims submit Health Service/Contract HealthServices (IHS/CI Intermediary for the purpose of reporting the T (Tribe County State). In the event that a Social also available on an IHS/CHS claim, put the SS	HS) Fis ribe Re Securit	cal sidenc y Num	y Code			
			CODE DEFINITION						
			MI Member Identification Number						
			The code MI is intended to be the identification number as assigned Payers use different terminolog same number, therefore, the 837 Workgroup recommends using Identification Number to convey Insured's ID, Subscriber's ID, Medalth Insurance Claim Number	ed by t y to co 7 Institu MI - Me the fo edicaid	he payenvey the utional ember llowing l Recip	er. ne ı terms:			
	₣		ZZ Mutually Defined The value 'ZZ', when used in thi be defined as "HIPAA Individual identifier has been adopted. Und Insurance Portability and Accouthe Secretary of the Department Human Services must adopt a se	Identi der the Intabili of Hea	fier" or Health ty Act o alth and	nce this of 1996, d			

Human Services must adopt a standard individual

identifier for use in this transaction.

SITUATIONAL	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			syntax: P0809			
			UB-92 Reference [UB-92 Name]:			
			60 (A-C) [Certificate/Social Security Number/Heal Claim/ Identification Number]	th In:	surance	е
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 7 (Sequence 01-03)			
			This data element is required when NM102 equals	one	· (1).	
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	0	AN	1/60

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SUBSCRIBER ADDRESS

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N3*125 CITY AVENUE~

STANDARD

N3 Address Information

Level: Detail Position: 0250 Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	N301	166	Address Information Address information	M	AN	1/55
			UB-92 Reference [UB-92 Name]:			
			84, Line b [Remarks]			
			EMC v.6.0 Reference:			
		Record Type 31 Field No. 4 (Sequence 01-03)				
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			EMC v.6.0 Reference:			
			Record Type 31 Field No. 5 (Sequence 01-03)			
			Required if a second address line exists.			

SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: N4*CENTERVILLE*PA*17111~

STANDARD

N4 Geographic Location

Level: Detail Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. E0207

Only one of N402 or N407 may be present.

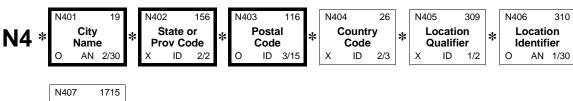
2. C0605

If N406 is present, then N405 is required.

3. C0704

If N407 is present, then N404 is required.

DIAGRAM





ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30			
			COMMENT: A combination of either N401 throug adequate to specify a location.	h N404, or N405 a	nd N406	6 may be			
			UB-92 Reference [UB-92 Name]:						
			84, Line c [Remarks]						
			EMC v.6.0 Reference:						
			Record Type 31 Field No. 6 (Sequence	÷ 01-03)					
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by	X appropriate gover	ID nment a	2/2 gency			
			SYNTAX: E0207						
			COMMENT: N402 is required only if city name (N	1401) is in the U.S.	or Cana	ıda.			
			CODE SOURCE 22: States and Outlying Areas of	the U.S.					
			UB-92 Reference [UB-92 Name]:						
			84, Line c [Remarks]						
			EMC v.6.0 Reference:						
			Record Type 31 Field No. 7 (Sequence	9 01-03)					
REQUIRED	N403	116	Postal Code Code defining international postal zone code e (zip code for United States)	O excluding punctuati	ID on and I	3/15 olanks			
			code source 51: ZIP Code						
			UB-92 Reference [UB-92 Name]:						
			84, Line d [Remarks]						
			EMC v.6.0 Reference: Record Type 31 Field No. 8 (Sequence	e 01-03)					
SITUATIONAL	N404	26	Country Code	Х	ID	2/3			
			Code identifying the country						
			syntax: C0704						
			code source 5: Countries, Currencies and Fun						
			This data element is required when the address is outside of the U.S.						
SITUATIONAL	N405	309	Location Qualifier Code identifying type of location	x	ID	1/2			
			syntax: C0605						
			CODE DEFINITION						
			CO County/Parish and Stat	e					
SITUATIONAL	N406	310	Location Identifier Code which identifies a specific location	o	AN	1/30			
			syntax: C0605						
NOT USED	N407	1715	Country Subdivision Code	X	ID	1/3			

SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is required when the Patient is the same person as the

Subscriber. (Required when Loop ID 2000B, SBR02-18 (self)).

Example: DMG*D8*19290730*M~

STANDARD

DMG Demographic Information

Level: Detail
Position: 0320
Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

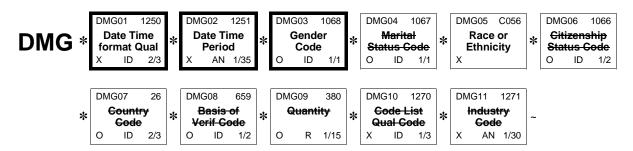
2. P1011

If either DMG10 or DMG11 is present, then the other is required.

3. C1105

If DMG11 is present, then DMG05 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	res
REQUIRED	DMG01	1250		iod Format Qualifier he date format, time format, or date and tim	X ne form	ID nat	2/3
			SYNTAX: P0102				
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYMM	MDD		

	-								
	REQUIRED	DMG02	1251		ime Peri	iod ate, a time, or range of dates, times or date	X es and	AN d times	1/35
				ALIAS: D	ate of B	irth - Patient			
				SYNTAX:	P0102				
				SEMANTI	c: DMG02	2 is the date of birth.			
				EMC v	.6.0 Ref	erence:			
				Record	d Type 2	0 Field No. 8			
	REQUIRED	DMG03	1068		r Code dicating th	ne sex of the individual	0	ID	1/1
				ALIAS: G	ender -	Patient			
				EMC v	.6.0 Ref	erence:			
				Record	d Type 3	0 Field No. 15			
				Co	ODE	DEFINITION			
				F		Female			
				M		Male			
				U		Unknown			
	NOT USED	DMG04	1067	Marita	l Status	Code	0	ID	1/1
<u>=</u>	SITUATIONAL	DMG05	C056	INFOR	MATION		X		
	NOT USED	D.1.005			•	and detailed information on race or ethnicit			
		DMG05 -		1109		r Ethnicity Code	0	ID 	1/1
	SITUATIONAL	DMG05 -	2	1270		.ist Qualifier Code entifying a specific industry code list	X	ID	1/3
				Co	ODE	DEFINITION			
				RET		Classification of Race or Ethnicity			
						CODE SOURCE 859: Classification of Race of	r Ethr	nicity	
-	SITUATIONAL	DMG05 -	3	1271		ry Code dicating a code from a specific industry cod	X e list	AN	1/30
	NOT USED	DMG06	1066	Citizer	ship Sta	atus Code	0	ID	1/2
	NOT USED	DMG07	26	Counti	ry Code		0	ID	2/3
	NOT USED	DMG08	659	Basis	of Verific	cation Code	0	ID	1/2
	NOT USED	DMG09	380	Quanti	ity		0	R	1/15
	SITUATIONAL	DMG10	1270	Code L	_ist Qua	lifier Code	X	ID	1/3
-	SITUATIONAL	DMG11	1271	Indust	ry Code		X	AN	1/30

SUBSCRIBER SECONDARY IDENTIFICATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 4

Notes: 1. Required when a secondary identification number is necessary to

identify the entity. The primary identification number should be

carried in NM109.

Example: REF*SY*030385074~

STANDARD

REF Reference Identification

Level: Detail Position: 0350

Loop: 2010

Requirement: Optional

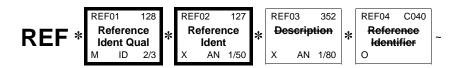
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



SY

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			1W	Member Identification Number	ho i	ıcad	
				If NM108 = MI, this qualifier cannot	be t	iseu.	
			ABB	Personal ID Number			
				Used for state specific linkage var encounter.	iable	s at the	9
			IG	Insurance Policy Number			

Social Security Number

The socia	I security number may not be used for
Medicare.	

REQUIRED REF02 127 Reference Identification X AN 1/50
Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SYNTAX: R0203

NOT USED REF03 352 Description X AN 1/80 NOT USED REF04 C040 REFERENCE IDENTIFIER O

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PAYER NAME

Loop: 2010BC — PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes:

1. This is the primary payer.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1*PR*2*UNION MUTUAL OF OREGON****PI*43140~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes:

 Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

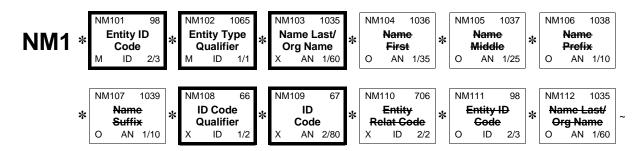
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	NM101	98	Entity Identif Code identifyin individual	fier Code g an organizational entity, a physical locat	M tion, prop	ID perty or	2/3 an	
			CODE	DEFINITION				
			PR	Payer				
REQUIRED	NM102	1065	Entity Type (Qualifier g the type of entity	М	ID	1/1	
			SEMANTIC: NM1	02 qualifies NM103.				
			CODE	DEFINITION				
			2	Non-Person Entity				
REQUIRED	NM103	1035	Name Last o Individual last r	r Organization Name name or organizational name	X	AN	1/60	
			SYNTAX : C1203					
			UB-92 Refere	ence [UB-92 Name]:				
			50 (A-C) [Pay	yer Identification]				
			EMC v.6.0 Re	eference:				
			Record Type 30 Field No. 8b (Sequence 01-03)					
			Record Type	32 Field No. 4 (Sequence 01-03)				
NOT USED	NM104	1036	Name First		0	AN	1/35	
NOT USED	NM105	1037	Name Middle	•	0	AN	1/25	
NOT USED	NM106	1038	Name Prefix		0	AN	1/10	
NOT USED	NM107	1039	Name Suffix		0	AN	1/10	
REQUIRED	NM108	66		n Code Qualifier ng the system/method of code structure u	X ised for I	ID dentifica	1/2 ation	
			STNTAX: 1 0009					
			EMC v.6.0 Re					
			Record Type	e 30 Field No. 5, 6 (Sequence 01-03	3)			
			CODE	DEFINITION				
			PI	Payor Identification				
			XV	Health Care Financing Administ Payer Identification Number (PA	YERID)		
				code source 540: Health Care Financi National PAYERID	ng Admi	nistratio	n	
REQUIRED	NM109	67	Identification Code identifyin	n Code g a party or other code	X	AN	2/80	
			ALIAS: Primary	/ Payer ID				
			SYNTAX : P0809					
NOT USED	NM110	706	Entity Relation	onship Code	Х	ID	2/2	
NOT USED NOT USED	NM110 NM111	706 98	Entity Relation	-	х О	ID ID	2/2 2/3	

PAYER SECONDARY IDENTIFICATION

Loop: 2010BC — PAYER NAME

Usage: SITUATIONAL

Repeat: 3

Notes: 1. Required if additional identification numbers other than the primary

identification number in NM108/09 in this loop are necessary to

C040

Identifier

adjudicate the claim/encounter.

Example: REF*FY*435261708~

STANDARD

REF Reference Identification

Level: Detail Position: 0350

Loop: 2010

Requirement: Optional

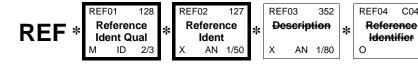
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	REF01	128		entification Qualifier the Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			2 U	Payer Identification Number			
				This code can be used to identify a identification number (the payer commercial payer, TPA, etc). What used has been defined between tra	an be tever	Medic numb	caid, a er is
			NF	National Association of Insurance (NAIC) Code	Com	missic	oners
				CODE SOURCE 245: National Association of Commissioners (NAIC) Code	Insur	ance	
			TJ	Federal Taxpayer's Identification	Numb	er	

REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	X on Set	AN or as sp	1/50 pecified				
			syntax: R0203							
			EMC v.6.0 Reference:							
			Record Type 30 Field No. 5, 6 (Sequence 01-03)							
			Record Type 31 Field No. 15							
NOT USED	REF03	352	Description	Х	AN	1/80				
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0						

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PATIENT HIERARCHICAL LEVEL

Loop: 2000C — PATIENT HIERARCHICAL LEVEL Repeat: >1

Usage: SITUATIONAL

Repeat: 1
Notes:

1. This HL is required when the patient is a different person than the subscriber. There are no HL's subordinate to the Patient HL.



- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL*125*124*23*0~

STANDARD

HL Hierarchical Level

Level: Detail Position: 0010

Loop: 2000 Repeat: >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related

groups of data segments

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

PATIENT HIERARCH	IICAL LEVE	EL	IMI	PLEME	ENTATIO	ON GUIDI
REQUIRED	HL01 628		Hierarchical ID Number A unique number assigned by the sender to identify a part a hierarchical structure	M icular d	AN data seg	1/12 ment in
			COMMENT: HL01 shall contain a unique alphanumeric numb of the HL segment in the transaction set. For example, HL indicate the number of occurrences of the HL segment, in HL01 would be "1" for the initial HL segment and would be each subsequent HL segment within the transaction.	01 cou which	ld be us case the	sed to e value of
REQUIRED	HL02	734	Hierarchical Parent ID Number Identification number of the next higher hierarchical data s segment being described is subordinate to	O egmer	AN nt that th	1/12 e data
			COMMENT: HL02 identifies the hierarchical ID number of the the current HL segment is subordinate.	HL se	gment t	o which
REQUIRED HL03		735	Hierarchical Level Code Code defining the characteristic of a level in a hierarchical	M structu	I D ure	1/2
			COMMENT: HL03 indicates the context of the series of segme current HL segment up to the next occurrence of an HL se transaction. For example, HL03 is used to indicate that sul the HL loop form a logical grouping of data referring to shiplevel information.	gment oseque	in the ent segm	nents in
			CODE DEFINITION			
			Patient Patient			
REQUIRED	HL04	736	Hierarchical Child Code Code indicating if there are hierarchical child data segmen level being described	O ts sub	ID ordinate	1/1 to the
			COMMENT: HL04 indicates whether or not there are subording segments related to the current HL segment.	nate (o	r child) l	HL
			The claim loop (Loop ID-2300) can be used only subordinate levels (HL04 = 0).	when	HL04	has no
			CODE DEFINITION			

No Subordinate HL Segment in This Hierarchical Structure.

PATIENT INFORMATION

Loop: 2000C — PATIENT HIERARCHICAL LEVEL

Usage: (SITUATIONAL)

Repeat: 1

Example: PAT*19******01*145*N~

STANDARD

PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

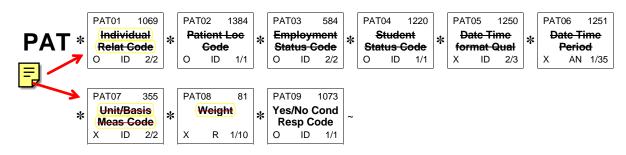
Syntax: 1. P0506

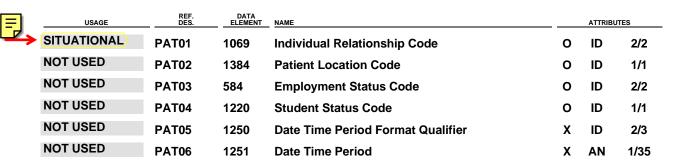
If either PAT05 or PAT06 is present, then the other is required.

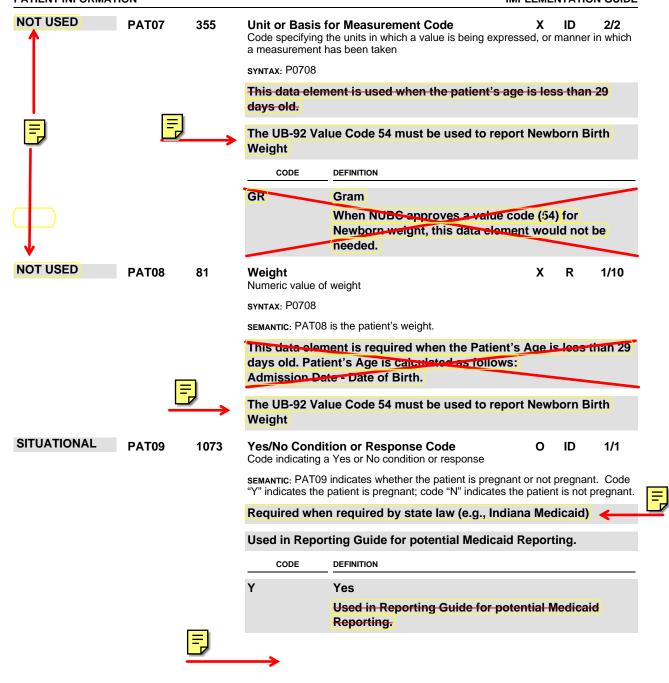
2. P0708

If either PAT07 or PAT08 is present, then the other is required.

DIAGRAM







PATIENT NAME

Loop: 2010CA — PATIENT NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. When this information cannot be reported by statute or regulation,

then the patient name should be masked.

Example: NM1*QC*1*DOE*SALLY****34*123456789~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop

2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

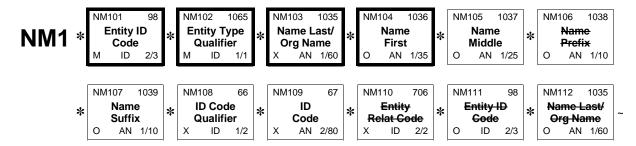
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location individual	M on, prop	ID perty or a	2/3 an		
			CODE DEFINITION					
			QC Patient					
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M	ID	1/1		
			SEMANTIC: NM102 qualifies NM103.					
			CODE DEFINITION					
			1 Person					
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X	AN	1/60		
			syntax: C1203					
			UB-92 Reference [UB-92 Name]:					
			12 [Patient Name]					
			EMC v.6.0 Reference:					
			Record Type 20 Field No. 4					
			When this information cannot be reported by stathen the last name should be masked.	itute c	or regu	lation,		
REQUIRED	NM104	1036	Name First Individual first name	0	AN	1/35		
			UB-92 Reference [UB-92 Name]:					
			BHT04 is the Processing Date - UB cross referen	nce 01	020. []			
			EMC v.6.0 Reference:					
			Record Type 20 Field No. 5					
			When this information cannot be reported by stathen the first name should be masked.	itute c	or regu	lation,		
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25		
			UB-92 Reference [UB-92 Name]:					
			BHT03 is the file sequence and serial number - U01017. []	JB cro	ss refe	erence		
			EMC v.6.0 Reference:					
			Record Type 20 Field No. 6					
			This data element is required when NM102 = 1 are or Initial of the person is known.	nd the	Middle	e Name		
NOT USED	NM106	1038	Name Prefix	0	AN	1/10		

INI ELIMENTATION G	OIDL					IAIIL	IAI IAVIAIR
SITUATIONAL	NM107	1039	Name Suffix Suffix to individ	ual name	0	AN	1/10
			ALIAS: Patient'	's Generation			
				ment is required when the NM102 e	-	one (1)) and
				formation cannot be reported by state suffix should be masked.	atute c	or regu	lation,
SITUATIONAL	NM108	66	Identification	n Code Qualifier	Х	ID	1/2
	14111100	00		ng the system/method of code structure us			
			SYNTAX: P0809				
				ment is required when the Patient's n the Subscriber's Identifier	s Ident	ifier is	
			CODE	DEFINITION			
			МІ	Member Identification Number			
				The code MI is intended to be the identification number as assigne Payers use different terminology same number, therefore, the 837 Workgroup recommends using MI Identification Number to convey Insured's ID, Subscriber's ID, Me Health Insurance Claim Number	ed by the to continue of the total t	he payenvey the utional ember llowing Recip	er. ne j terms:
			ZZ	Mutually Defined	` '/		
	<u>-</u>			The value 'ZZ', when used in this be defined as "HIPAA Individual identifier has been adopted. Und Insurance Portability and Accounthe Secretary of the Department Human Services must adopt a stidentifier for use in this transacti	Identifer the ntabilitor of Heartandard	fier" or Health ty Act o alth and	of 1996,
SITUATIONAL	NM109	67	Identification		Х	AN	2/80
			SYNTAX: P0809	g a party or other code			
				ence [UB-92 Name]:			
			60 (A-C) [Cer	rtificate/Social Security Number/Hea fication Number]	alth Ins	suranc	е
			EMC v.6.0 Re	eference:			
				30 Field No. 7			
			This data ele	ment is required when the Patients ers ID.	ID is o	differer	nt from
NOT USED	NM110	706	Entity Relation		Х	ID	2/2
NOT USED	NM111	98	Entity Identif	-	0	ID	2/3
NOT USED	NM112	1035	•	r Organization Name	0	AN	1/60
		. 555	a.iio East O	34	9	•	., 50

PATIENT ADDRESS

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: N3*RFD 10*100 COUNTRY LANE~

STANDARD

N3 Address Information

Level: Detail

Position: 0250

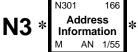
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

DIAGRAM





USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTE		ITES
REQUIRED	QUIRED N301 10		Address Information Address information	M	AN	1/55
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 12			
SITUATIONAL	N302	166	Address Information Address information	0	AN	1/55
			UB-92 Reference [UB-92 Name]:			
			13 [Patient Address]			
			EMC v.6.0 Reference:			
		Record Type 20 Field No. 13				
			Required if a second address line exists.			

PATIENT CITY/STATE/ZIP CODE

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: N4*CORNFIELD TOWNSHIP*IA*99999~

STANDARD

N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. E0207

Only one of N402 or N407 may be present.

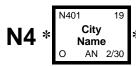
2. C0605

If N406 is present, then N405 is required.

3. C0704

If N407 is present, then N404 is required.

DIAGRAM















ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	N401	19	City Name Free-form text for city name	0	AN	2/30				
			COMMENT: A combination of either N401 through N adequate to specify a location.	1404, or N405 a	nd N406	6 may be				
			UB-92 Reference [UB-92 Name]:							
			13 [Patient Address]							
			EMC v.6.0 Reference:							
			Record Type 20 Field No. 14							
REQUIRED	N402	156	State or Province Code Code (Standard State/Province) as defined by ap	X opropriate gover	ID nment a	2/2 gency				
			syntax: E0207							
			COMMENT: N402 is required only if city name (N40	1) is in the U.S.	is in the U.S. or Canada.					
			CODE SOURCE 22: States and Outlying Areas of the	U.S.						
			UB-92 Reference [UB-92 Name]:							
			Federal Tax ID []							
			EMC v.6.0 Reference:							
			Record Type 20 Field No. 15							
REQUIRED	N403	116	Postal Code Code defining international postal zone code excl (zip code for United States)	O luding punctuati	ID on and I	3/15 blanks				
			code source 51: ZIP Code							
			UB-92 Reference [UB-92 Name]:							
			13 [Patient Address]							
			EMC v.6.0 Reference:							
			Record Type 20 Field No. 16							
SITUATIONAL	N404	26	Country Code Code identifying the country	X	ID	2/3				
			syntax: C0704							
			CODE SOURCE 5: Countries, Currencies and Funds							
			This data element is required when the address is outside of the U.S.							
SITUATIONAL	N405	309	Location Qualifier Code identifying type of location	X	ID	1/2				
			syntax: C0605							
			CODE DEFINITION							
			CO County/Parish and State			_				
SITUATIONAL	N406	310	Location Identifier Code which identifies a specific location	0	AN	1/30				
			SYNTAX: C0605							
NOT USED	N407	1715	Country Subdivision Code	X	ID	1/3				

PATIENT DEMOGRAPHIC INFORMATION

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Example: DMG*D8*19530101*F~

STANDARD

DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

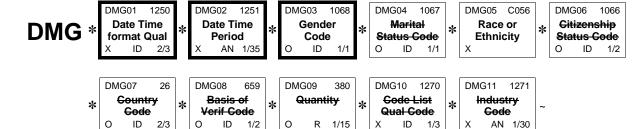
2. P1011

If either DMG10 or DMG11 is present, then the other is required.

3. C1105

If DMG11 is present, then DMG05 is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	DMG01	1250		iod Format Qualifier he date format, time format, or date and tim	X ne forr	ID nat	2/3
			SYNTAX: P0102				
			CODE	DEFINITION			
			D8	Date Expressed in Format CCYYMI	MDD		

TATIENT DEMOCKA	i ilio liti olti	IIA IIOI				II LLIVIL	MIAIIO	IN COID
REQUIRED	DMG02	1251		ime Peri	od ate, a time, or range of dates, times or o	X dates an	AN d times	1/35
			•		Date of Birth			
			SYNTAX:					
					is the date of birth.			
			UB-92	Referen	ce [UB-92 Name]:			
				tient Birt				
			EMC v	.6.0 Refe	erence:			
			Record	d Type 2	0 Field No. 8 (MMDDCCYY)			
REQUIRED	DMG03	1068	Gende Code in		ne sex of the individual	0	ID	1/1
			UB-92	Referen	ce [UB-92 Name]:			
			15 [Pat	tient Sex	· · · · · · · · · · · · · · · · · · ·			
			EMC v	.6.0 Refe	erence:			
			Record	d Type 2	0 Field No. 7			
			co	ODE	DEFINITION			
			F		Female			
			M		Male			
			U		Unknown			
NOT USED	DMG04	1067	Marital	Status	Code	0	ID	1/1
SITUATIONAL	DMG05	C056	INFOR	MATION	ACE OR ETHNICITY I and detailed information on race or ethn	X		
NOT USED	DMG05 -	1	1109	•	r Ethnicity Code	.o, O	ID	1/1
SITUATIONAL	DMG05 -		1270	Code L	ist Qualifier Code entifying a specific industry code list	х	ID	1/3
			C	ODE 100	DEFINITION			
						4		
			RET		Classification of Race or Ethnici code source 859: Classification of Race	-	nicity	
SITUATIONAL	DMG05 -	3	1271	Industr Code ind		Х	AN	1/30
NOT USED	DMG06	1066	Citizen	ship Sta	atus Code	0	ID	1/2
NOT USED	DMG07	26	Countr	ry Code		0	ID	2/3
NOT USED	DMG08	659	Basis o	of Verific	cation Code	0	ID	1/2
NOT USED	DMG09	380	Quanti	ty		0	R	1/15
SITUATIONAL	DMG10	1270	Code L	_ist Qual	ifier Code	X	ID	1/3
SITUATIONAL	DMG11	1271		ry Code		Х	AN	1/30
				-				

PATIENT SECONDARY IDENTIFICATION NUMBER

Loop: 2010CA — PATIENT NAME

Usage: SITUATIONAL

Repeat: 5

Notes: 1. This segment is required when an additional identification number is

needed.

Example: REF*A6*030385074~

STANDARD

REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	JTES
REQUIRED	REF01	128	Reference Identification Qualifier	М	ID	2/3
			Code qualifying the Reference Identification			

CODE	DEFINITION
1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.
ABB	Personal ID Number Used for state specific linkage variables at the encounter.
IG	Insurance Policy Number
SY	Social Security Number

		=	The social security number ma	y not be	used	f or
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Trans by the Reference Identification Qualifier	X action Set	AN or as sp	1/50 pecified
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

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CLAIM INFORMATION

Loop: 2300 — CLAIM INFORMATION Repeat: 100

Usage: REQUIRED

Repeat: 1

Notes:

- 1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
- 2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop (2010BC) in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.



STANDARD

CLM Health Claim

Level: Detail Position: 1300

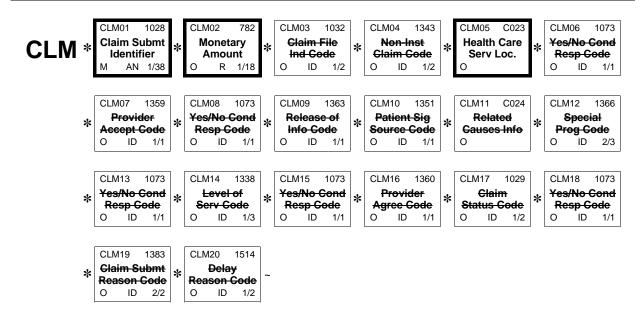
Loop: 2300 Repeat: 100

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the claim

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	_	ATTRIBU	TES	
REQUIRED	CLM01	1028	Claim Submitter's Identifier	М	AN	1/38	

Identifier used to track a claim from creation by the health care provider through payment

ALIAS: Patient Control Number

UB-92 Reference [UB-92 Name]:

3 [Patient Control Number]

EMC v.6.0 Reference:

Record Type 20 Field No. 3

The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the playment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system.

The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.

REQUIRED CLM02 782 **Monetary Amount** 0 R 1/18 Monetary amount ALIAS: Total Claim Charges SEMANTIC: CLM02 is the total amount of all submitted charges of service segments for this claim. UB-92 Reference [UB-92 Name]: 47 (Revenue Code 001) This amount is the total of the SV2 segments, with the exception of Revenue Code 001. [Total Charges (by Revenue Code Category)] EMC v.6.0 Reference: Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.) Use this element to indicate the total amount of all submitted charges of service segments for this claim. Zero may be a valid amount. **NOT USED** CLM03 1032 **Claim Filing Indicator Code** 0 ID 1/2 **NOT USED** CLM04 1343 Non-Institutional Claim Type Code ID 1/2 0 **REQUIRED** C023 **HEALTH CARE SERVICE LOCATION** CLM05 0 **INFORMATION** To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered ALIAS: Type of Bill **REQUIRED** CLM05 - 1 1331 **Facility Code Value** ΑN 1/2 Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format UB-92 Reference [UB-92 Name]: 4, Positions 1-2 [Type of Bill] EMC v.6.0 Reference: Record Type 40 Field No. 4, Positions 1-2 Record Type 10 Field No. 2, Positions 1-2 Record Type 95 Field No. 5, Position 1-2 (Batch Control) **REQUIRED** CLM05 - 2 1332 **Facility Code Qualifier** 0 ID 1/2 Code identifying the type of facility referenced CODE DEFINITION Α **Uniform Billing Claim Form Bill Type** For position one of code acceptable values are 1, 7, For position two of code acceptable values are 1, 2, CODE SOURCE 236: Uniform Billing Claim Form Bill Type **REQUIRED** CLM05 - 3 1325 **Claim Frequency Type Code** Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type CODE SOURCE 235: Claim Frequency Type Code

UB-92 Reference [UB-92 Name]:

4, Position 3 [Type of Bill]

EMC v.6.0 Reference:

Record Type 40 Field No. 4, Position 3

Record Type 10 Field No. 2, Position 3

Record Type 95 Field No. 5, Position 3 (Batch Control)

NOT USED	CLM06	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	CLM07	1359	Provider Accept Assignment Code	0	ID	1/1
NOT USED	CLM08	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	CLM09	1363	Release of Information Code	0	ID	1/1
NOT USED	CLM10	1351	Patient Signature Source Code	0	ID	1/1
NOT USED	CLM11	C024	RELATED CAUSES INFORMATION	0		
NOT USED	CLM12	1366	Special Program Code	0	ID	2/3
NOT USED	CLM13	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	CLM14	1338	Level of Service Code	0	ID	1/3
NOT USED	CLM15	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	CLM16	1360	Provider Agreement Code	0	ID	1/1
NOT USED	CLM17	1029	Claim Status Code	0	ID	1/2
NOT USED	CLM18	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	CLM19	1383	Claim Submission Reason Code	0	ID	2/2
NOT USED	CLM20	1514	Delay Reason Code	0	ID	1/2

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DISCHARGE HOUR

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes: 1. The dates in Loop ID-2300 apply to all service lines within Loop ID-

2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the

DTP in Loop ID-2300 for that service line only.

2. This segment is required on all final inpatient claims/encounters.

Example: DTP*096*TM*1130~

STANDARD

DTP Date or Time or Period

Level: Detail Position: 1350

Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM







USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES	
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time		M	ID	3/3	
			CODE	DEFINITION				
			096	Discharge				
REQUIRED	DTP02	1250	Date Time Per Code indicating t	ID mat	2/3			
			SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.					
			CODE	DEFINITION				
			TM	Time Expressed in Format HHMM				

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times $% \left(1\right) =\left(1\right) \left(1\right)$

UB-92 Reference [UB-92 Name]:

21 [Discharge Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 22

STATEMENT DATES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Example: DTP*434*RD8*19981209-19981214~

STANDARD

DTP Date or Time or Period

Level: Detail

Position: 1350

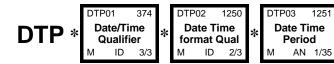
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time.			ID	3/3
			434	Statement			
REQUIRED	DTP02	1250	Date Time Per Code indicating t SEMANTIC: DTP02			2/3 TP03.	
			CODE	CODE DEFINITION			
			D8	MDD			
			RD8	Range of Dates Expressed in Form CCYYMMDD Use RD8 in DTP02 if it is necessary begin/end for from/to statement da	y to i		

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

6 (From) and (Through) [Statement Covers Period]

EMC v.6.0 Reference:

Record Type 20 Field No. 19, 20

ADMISSION DATE/HOUR

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes: 1. The dates in Loop ID-2300 apply to all service lines within Loop ID-

2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the

DTP in Loop ID-2300 for that service line only.

2. This segment is required on all Inpatient claims.

Example: DTP*435*DT*199610131242~

STANDARD

DTP Date or Time or Period

Level: Detail Position: 1350

Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

DIAGRAM







USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES
REQUIRED	DTP01	374	. , ,	type of date or time, or both date and time	M	ID	3/3
			435	Admission			
REQUIRED	DTP02	1250		iod Format Qualifier he date format, time format, or date and tin	M ne fori	ID mat	2/3
			SEMANTIC: DTP02	s is the date or time or period format that wi	ll appe	ear in D	TP03.
			CODE	DEFINITION			
			DT	Date and Time Expressed in Forma CCYYMMDDHHMM	at		

REQUIRED DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

UB-92 Reference [UB-92 Name]:

17 [Admission/Start of Care Date]

18 [Admission Hour]

EMC v.6.0 Reference:

Record Type 20 Field No. 17 (Admission Date)

Record Type 20 Field No. 18 (Admission Hour)

INSTITUTIONAL CLAIM CODE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

 This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.

Example: CL1*1*7*30~

STANDARD

CL1 Claim Codes

Level: Detail **Position:** 1400

Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

DIAGRAM

CL1 * CL101 1315
Admission
Type Code
O ID 1/1

* CL102 1314

Admission
Source Code
O ID 1/1

Patient Status Code
O ID 1/2

* CL104 1345
Nurse Home
Status Gode
O ID 1/1

ELEMENT SUMMARY

SITUATIONAL

CL101

1315

Admission Type Code
Code indicating the priority of this admission
code source 231: Admission Type Code
UB-92 Reference [UB-92 Name]:
19 [Type of Admission]

EMC v.6.0 Reference:
Record Type 20 Field No. 10

Required when patient is being admitted to the hospital for

inpatient services.

SITUATIONAL	CL102	1314	Admission Source Code Code indicating the source of this admission	0	ID	1/1
			CODE SOURCE 230: Admission Source Code			
			UB-92 Reference [UB-92 Name]:			
			20 [Source of Admission]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 11			
			Required for all inpatient admissions. Required o outpatient registrations for diagnostic testing ser			
SITUATIONAL	CL103	1352	Patient Status Code Code indicating patient status as of the "statement covers the statement	O nrough	ID n date"	1/2
			CODE SOURCE 239: Patient Status Code			
			UB-92 Reference [UB-92 Name]:			
			22 [Patient Status]			
			EMC v.6.0 Reference:			
			Record Type 20 Field No. 21			
			This element is required for inpatient claims/enco	unte	rs.	
NOT USED	CL104	1345	Nursing Home Residential Status Code	0	ID	1/1

CLAIM SUPPLEMENTAL INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Notes:

- The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
- 2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
- 3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example: PWK*AS*BM***AC*DMN0012~

STANDARD

PWK Paperwork

Level: Detail Position: 1550

Loop: 2300

Requirement: Optional

Max Use: 10

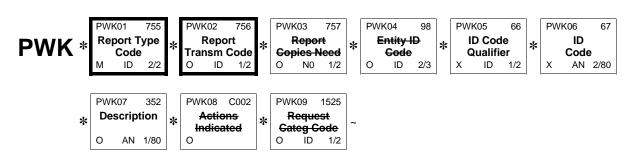
Purpose: To identify the type or transmission or both of paperwork or supporting

information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	PWK01	755	Report Type C Code indicating the	ode he title or contents of a document, report or DEFINITION	M supp	ID porting ite	2/2 em
			AS	Admission Summary			
			B2	Prescription			
			В3	Physician Order			
			B4	Referral Form			
			СТ	Certification			
			DA	Dental Models			
			DG	Diagnostic Report			
			DS	Discharge Summary			
			ЕВ	Explanation of Benefits (Coordinat Medicare Secondary Payor)	ion d	of Bene	efits or
			MT	Models			
			NN	Nursing Notes			
			ОВ	Operative Note			
			OZ	Support Data for Claim			
			PN	Physical Therapy Notes			
			РО	Prosthetics or Orthotic Certificatio	n		
			PZ	Physical Therapy Certification			
			RB	Radiology Films			
			RR	Radiology Reports			
			RT	Report of Tests and Analysis Repo	rt		
REQUIRED	PWK02	756	Report Transm Code defining time sent	nission Code ning, transmission method or format by which	O ch rep	ID oorts are	1/2 to be
			CODE	DEFINITION			
			EL	Electronically Only			
NOT USED	PWK03	757	Report Copies		0	N0	1/2
NOT USED	PWK04	98	Entity Identifie	er Code	0	ID	2/3

	-				_	_
SITUATIONAL	PWK05	66	Identification Code Qualifier Code designating the system/method of code structu Code (67)	X re used for l	ID Identifica	1/2 ation
			syntax: P0506			
			COMMENT: PWK05 and PWK06 may be used to identifulnumber.	y the addres	ssee by	a code
			This data element is required when PWK02 Can be used when PWK02 equals 'AA' if the a document control number for an attachme Providers office.	Provider	wants	to send
			CODE DEFINITION			
			AC Attachment Control Number			
SITUATIONAL	PWK06	67	Identification Code Code identifying a party or other code	X	AN	2/80
			syntax: P0506			
			Required if PWK02 equals BM, EL, EM or FX			
SITUATIONAL	PWK07	352	Description A free-form description to clarify the related data eler	O nents and th	AN neir conte	1/80 ent
			ADVISORY: Under most circumstances, this element is	not sent.		
			COMMENT: PWK07 may be used to indicate special inf specified report.	ormation to	be show	n on the
			This data element is used to add any addition the attachment described in this segment.	nal inforn	nation a	about
NOT USED	PWK08	C002	ACTIONS INDICATED	0		
			ADVISORY: Under most circumstances, this composite	is not sent.		
NOT USED	PWK09	1525	Request Category Code	0	ID	1/2

PAYER ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Payer Estimated Amount Due is applicable to this claim.

Example: AMT*C5*14523.1~

STANDARD

AMT Monetary Amount

Level: Detail Position: 1750

Loop: 2300

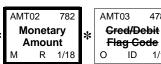
Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	ITES
REQUIRED	AMT01	522	Amount Qua Code to qualify		M	ID	1/3
			CODE	DEFINITION			
			C5	Claim Amount Due - Estimated			
REQUIRED	AMT02	782	Monetary An Monetary amou		M	R	1/18
			UB-92 Refere	ence [UB-92 Name]:			
			55 (A-C) [Est	timated Amount Due]			
			EMC v.6.0 Re	eference:			
			Record Type	e 30 Field No. 26			

1/1

ID

1/1

0

NOT USED AMT03 478 Credit/Debit Flag Code

PATIENT ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
- 2. This segment is required when the Patient Responsibility Amount is applicable to this claim.

Example: AMT*F3*123~

STANDARD

AMT Monetary Amount

Level: Detail Position: 1750

Loop: 2300

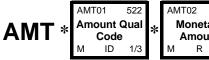
p. 2000

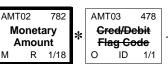
Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

DIAGRAM





USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	AMT01	522	Amount Qua Code to qualify		М	ID	1/3
			CODE	DEFINITION			
			F3	Patient Responsibility - Estimated			
REQUIRED	AMT02	782	Monetary Ar Monetary amou		М	R	1/18
			UB-92 Refer	ence [UB-92 Name]:			
			55, Patient L	ine [Estimated Amount Due]			
			EMC v.6.0 R	eference:			
			Record Type	20 Field No. 24			

ID

1/1

NOT USED AMT03 478 Credit/Debit Flag Code O

MEDICAL RECORD NUMBER

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

1. Required if provider needs to identify for future inquiries the actual Notes:

medical record of the patient identified in either Loop ID - 2010BA or

2010CA for this episode of care.



2. Used if provider will utilize this information in a 276 - Claim Status Inquiry in order to receive and process a 277 -Claim Status Response.

Example: REF*EA*1230484376R~

STANDARD

REF Reference Identification

Level: Detail Position: 1800

Loop: 2300

Requirement: Optional

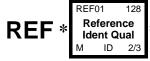
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	JTES
REQUIRED	REF01	128		ntification Qualifier the Reference Identification	М	ID	2/3
			CODE	DEFINITION			
			EA	Medical Record Identification Numb	er		

REQUIRED REF02 127

Reference Identification AN

1/50 Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

SYNTAX: R0203

EMC v.6.0 Reference:

Record Type 20 Field No. 25 (Medical Record Number)

NOT USED REF03 352 Description X AN 1/80 NOT USED REF04 C040 REFERENCE IDENTIFIER O

MOTHER'S MEDICAL RECORD NUMBER FOR NEWBORNS

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

STANDARD



REF Reference Identification

Level: Detail Position: 1800

Loop: 2300

Requirement: Optional

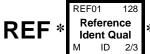
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3
			MRN Medical Record Number			
REQUIRED	REF02	127	Reference Identification Reference information as defined for a particular Transaction by the Reference Identification Qualifier	X n Set	AN or as sp	1/50 ecified
			syntax: R0203			
NOT USED	REF03	352	Description	X	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	0		

FILE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Notes: 1. At the time of publication K3 segments have no specific use.

However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected

data requirement by a state or federal regulatory authority.

2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.



3. The Reporting Implementation Guide may need additional NTE segments defined. This will be a discussion item for users of guide.

STANDARD

K3 File Information

Level: Detail
Position: 1850

Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To transmit a fixed-format record or matrix contents

DIAGRAM







	USAGE
REQUIRED K301 449 Fixed Format Information M AN 1/80	REQUIRED
Data in fixed format agreed upon by sender and receiver	
NOT USED K302 1333 Record Format Code O ID 1/2	NOT USED
NOT USED K303 C001 COMPOSITE UNIT OF MEASURE O	NOT USED

CLAIM NOTE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Notes:

Information in the NTE segment in Loop ID-2300 applies to the entire claim unless overridden by information in the NTE segment in Loop ID-2400. Information is considered to be overridden when the value in NTE01 in Loop ID-2400 is the same as the value in NTE01 in Loop ID-2300.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment.



2. Home Health Corresponding Data
This segment is used to convey Home Health narrative information from the forms "Home Health Certification and Plan of Treatment" and "Medical Update and Patient Information."

2. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.



4. The Reporting Implementation Guide may need additional NTE segments defined. This will be a discussion item for users of guide.

Example: NTE*DGN*PATIENT REQUIRES TUBE FEEDING~

STANDARD

NTE Note/Special Instruction

Level: Detail Position: 1900 Loop: 2300

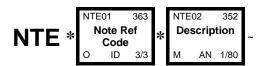
Requirement: Optional

Max Use: 20

Purpose: To transmit information in a free-form format, if necessary, for comment or

special instruction

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBUTES
REQUIRED	NTE01	363	Note Reference Code identifying	ce Code the functional area or purpose for which the	O ID 3/3 note applies
			EMC v.6.0 Ref	ference:	
			Record Type	73 Field No. 5	
			CODE	DEFINITION	
			DGN	Diagnosis Description	
		1		Used in Reporting Guide - may be- or both for use with emergency sta requirements (i.e. CMR extra).	
			MED	Medications EMC v.6.0 Reference:	
	<u></u>	<i>/</i> ;		Record Type 73 Field No. 5 Code 4 Used in Reporting Guide - may be or both for use with emergency starequirements (i.e. registries ??).	choice NTE or K3
			RHB	Functional Limitations, Reason Hor EMC v.6.0 Reference:	mebound, or Both
				Record Type 73 Field No. 5 Code 4 Used in Reporting Guide - may be - or both for use with emergency sta requirements (i.e. Functional Status	choice NTE or K3 te legislated
			UPI	Updated Information	
		\		EMC v.6.0 Reference:	
			¥	Record Type 73 Field No. 5 Code 4 Used in Reporting Guide - may be or both for use with emergency starequirements (NJ's needs).	choice NTE or K3
REQUIRED	NTE02	352	Description A free-form desc	cription to clarify the related data elements ar	M AN 1/80 and their content
			UB-92 Refere	nce [UB-92 Name]:	
			84 [Remarks]		
			EMC v.6.0 Ref	ference:	
			Record Type	73 Field No. 6	
			-	rting Guide - maybe - choice NTE or l rgency state legislated requirements.	



PRINCIPAL, ADMITTING, E-CODE, PATIENT REASON FOR VISIT DIAGNOSIS INFORMATION, AND OTHER E-CODES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Notes: 1. The Principal Diagnosis is required on all inpatient and oupatient

claims.

2. The Admitting Diagnosis is required on all inpatient admission claims and encounters.



- 3. An E-Code diagnosis is required whenever a diagnosis is needed to describe an injury, poisoning or adverse effect.
- 4. The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.

Example: HI*BK:9976~

STANDARD

HI Health Care Information Codes

Level: Detail Position: 2310

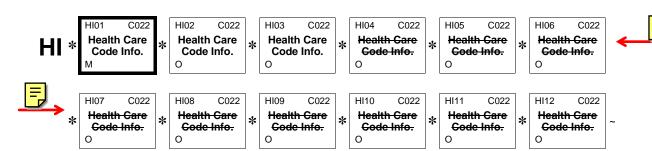
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTI	ES
REQUIRED	HI01	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amount	M unts a	nd quant	ities
REQUIRED	HI01 - 1		1270	Code List Qualifier Code	M	ID	1/3

Code identifying a specific industry code list

			ODE	DEFINITION			
		ВК		Principal Diagnosis			
				CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	ses
REQUIRED	HI01 - 2	1271		rry Code idicating a code from a specific industry co	M de list	AN	1/30
			UB-92	Reference [UB-92 Name]:			
			67 [Pri	incipal Diagnosis Code]			
			EMC v	v.6.0 Reference:			
			Recor	d Type 70 Field No. 4			
NOT USED	HI01 - 3	1250	Date T	ime Period Format Qualifier	Х	ID	2/3
NOT USED	HI01 - 4	1251	Date T	ime Period	X	AN	1/35
NOT USED	HI01 - 5	782	Monet	ary Amount	0	R	1/18
NOT USED	HI01 - 6	380	Quant		0	R	1/15
NOT USED	HI01 - 7	799	Versio	on Identifier	0	AN	1/30
NOT USED	HI01 - 8	1271		ry Code	X	AN	1/30
NOTUSED				ndicating a code from a specific industry co			
NOT USED	HI01 - 9	1073		o Condition or Response Code adicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI02 C022		TH CAR	E CODE INFORMATION care codes and their associated dates, amo	0	and qua	ntities
				all unscheduled outpatient visits or the hosptial.	upon	the pa	atient's
REQUIRED	11100 4			•		ın	4/2
REGUIRED	HI02 - 1	1270		List Qualifier Code dentifying a specific industry code list	М	ID	1/3
			ZZ use	ad to indicate the "Deticat Decease"	or Vi	-:4 "	
				ed to indicate the "Patient Reason F	O	Sit.	
		c	ODE	DEFINITION		SIT.	
		BJ	ODE		O. V.	Sit."	
			ODE	DEFINITION			ees
	-		CODE	Admitting Diagnosis CODE SOURCE 131: International Classifica			ees
	<u>-</u>	BJ	CODE	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason	ation of	f Diseas	
	<u>=</u>	BJ	CODE	Admitting Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Patient Reason	ation of	f Diseas	
		BJ	CODE	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason	ation of	f Diseas	
REQUIRED	HI02 - 2	BJ	Indust	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ-used to indicate the "Patient Reason See Gode Source 131. Used on Outpatient stays.	easo	f Diseas (for) n For \(\)	
REQUIRED		BJ PR	Indust Code in	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason See Gode Source 131. Used on Outpatient stays. Ery Code Indicating a code from a specific industry contains the contains a code from a specific industry contains the contains a code from a specific industry contains the contains a code from a specific industry contains the contains a code from a specific industry contains the contains the code indicating a code from a specific industry contains the code indicating a code from a specific industry code indicating a code	easo	f Diseas (for) n For \(\)	/isit."
REQUIRED		BJ PR	Indust Code ir UB-92	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason See Code Source 131. Used on Outpatient stays. Ery Code adicating a code from a specific industry code Reference [UB-92 Name]:	easo Mode list	f Diseas for For V	/isit."
REQUIRED		BJ PR	Indust Code in UB-92 76 [Ad	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason See Code Source 131. Used on Outpatient stays. Try Code Indicating a code from a specific industry code Reference [UB-92 Name]: Imitting Diagnosis/Patients Reason	easo Mode list	f Diseas for For V	/isit."
REQUIRED		BJ PR	Indust Code in UB-92 76 [Ad	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason of the Code Source 131. Used on Outpatient stays. Ery Code Indicating a code from a specific industry code Indicating a code from a specific industry code Indicating Diagnosis/Patients Reason of the Code Indicating Diagnos	easo Mode list	f Diseas for For V	/isit."
REQUIRED		BJ PR	Indust Code in UB-92 76 [Ad EMC v	Admitting Diagnosis code source 131: International Classificate Clinical Mod (ICD-9-CM) Procedure Patient Reason ZZ used to indicate the "Patient Reason See Code Source 131. Used on Outpatient stays. Try Code Indicating a code from a specific industry code Reference [UB-92 Name]: Imitting Diagnosis/Patients Reason	easo Mode list	f Diseas for For V	/isit."

PRINCIPAL, ADMITT	ING, E-CODE	AND PATII	ENT REA	SON FOR VISIT DIAGNOSIS INFORMATION IMPL	EME	NTATIC	N GUIDE
NOT USED	HI02 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amou	O nts a	nd quan	ntities
			Used v	when necessary to report multiple additional ions.	CO-6	existin	g
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			C	DDE DEFINITION			
			BN	United States Department of Health Services, Office of Vital Statistics E			ın
				CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure	on of	Disease	es
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				77 [External Cause of Injury Code (E-code)]		
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 26			
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI04	C022	HEAL	TH CARE CODE INFORMATION	0		
SITUATIONAL	HI05	C022	HEAL	TH CARE CODE INFORMATION	0		
SITUATIONAL	HI06	C022	HEAL	TH CARE CODE INFORMATION	0		
SITUATIONAL	HI07	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI08	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI09	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI10	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI11	C022	HEAL	TH CARE CODE INFORMATION	0		
NOT USED	HI12	C022	HEAL	TH CARE CODE INFORMATION	0		



OTHER DIAGNOSIS INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required when other condition(s) co-exists with the principal

diagnosis, co-exists at the time of admission or develops

subsequently during the patient's treatment.

Example: HI*BF:V9782~

STANDARD

HI Health Care Information Codes

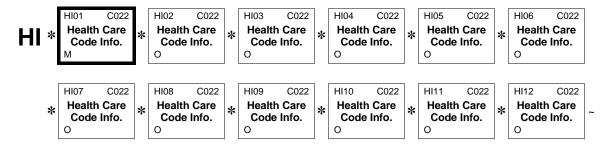
Level: Detail Position: 2310 Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, amount	M unts a	nd quar	ntities
REQUIRED HI01 - 1			1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure	ion of	Diseas	es
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry cod	M de list	AN	1/30
				UB-92	Reference [UB-92 Name]:			

<u> </u>					
				68 [Other Diagnoses Codes]	
				69 [Other Diagnoses Codes]	
				70 [Other Diagnoses Codes]	
				71 [Other Diagnoses Codes]	
				72 [Other Diagnoses Codes]	
				73 [Other Diagnoses Codes]	
				74 [Other Diagnoses Codes]	
				75 [Other Diagnoses Codes]	
				EMC v.6.0 Reference:	
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	
NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier X ID	2/3
NOT USED	HI01 - 4		1251	Date Time Period X AN	1/35
NOT USED	HI01 - 5		782	Monetary Amount O R	1/18
NOT USED	HI01 - 6		380	Quantity O R	1/15
NOT USED	HI01 - 7		799	Version Identifier O AN	1/30
NOT USED	HI01 - 8		1271	Industry Code X AN Code indicating a code from a specific industry code list	1/30
SITUATIONAL	HI01 - 9		1073	Yes/No Condition or Response Code X ID	1/1
				Code indicating a Yes or No condition or response	
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quanti	ities
	HI02	C022	To send	TH CARE CODE INFORMATION I health care codes and their associated dates, amounts and quanti When necessary to report multiple additional co-existing	
	HI02 - 1	C022	To send	TH CARE CODE INFORMATION I health care codes and their associated dates, amounts and quanti When necessary to report multiple additional co-existing	
SITUATIONAL		C022	Used vocandit	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantity When necessary to report multiple additional co-existing ions. Code List Qualifier Code M ID)
SITUATIONAL		C022	Used vocandit	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantity When necessary to report multiple additional co-existing ions. Code List Qualifier Code Code identifying a specific industry code list)
SITUATIONAL		C022	Used v condit	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantification of the code and their associated dates, amounts and quantification of the code identification of the code identifying a specific industry code list ODE	1/3
SITUATIONAL		C022	Used v condit	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code M AN	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DIED DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Industry Code M AN Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DIABORIES DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEEDERORIES DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Industry Code Industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health codes are codes. Code List Qualifier Code Code identifying a specific industry code list DIAMONDE DIAMONDE DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health codes are codes. Code List Qualifier Code Code identifying a specific industry code list DIAMONDE DIAMONDE DEFINITION Diagnosis CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes]	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified health care codes and their associated dates, amounts and quantified when necessary to report multiple additional co-existing ions. Code List Qualifier Code M ID Diagnosis Code identifying a specific industry code list Diagnosis Code source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Industry Code Industry Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] EMC v.6.0 Reference:	1/3 s
SITUATIONAL	HI02 - 1	C022	Used vocanditation conditation	TH CARE CODE INFORMATION In health care codes and their associated dates, amounts and quantifications. Code List Qualifier Code Code identifying a specific industry code list DEFINITION Diagnosis Code Source 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]	1/3

IMPLEMENTATION (GUIDE				OTHER DIA	GNOSI	S INFO	RMATIO
NOT USED	HI02 - 4		1251	Date T	ime Period	Χ	AN	1/35
NOT USED	HI02 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI02 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271		ry Code dicating a code from a specific industry co	X ode list	AN	1/30
SITUATIONAL	HI02 - 9		1073		o Condition or Response Code Idicating a Yes or No condition or respons	X	(ID)	1/1
SITUATIONAL	HI03	C022		_	E CODE INFORMATION are codes and their associated dates, am	O ounts a	and quai	ntities
			Used v		cessary to report multiple addition	al co-	existin	ıg
REQUIRED	HI03 - 1		1270		List Qualifier Code lentifying a specific industry code list	M	ID	1/3
			с	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ation of	f Diseas	es
REQUIRED	HI03 - 2		1271		ry Code dicating a code from a specific industry co	M ode list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				68 [Ot	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes]			
				_	her Diagnoses Codes] her Diagnoses Codes]			
				75 [01	ner blagnoses codes			
					.6.0 Reference:		_	
				Recor	d Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 1	2	
NOT USED	HI03 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date T	ime Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monet	ary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quant	ity	0	R	1/15
NOT USED	HI03 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271		ry Code dicating a code from a specific industry co	X ode list	AN	1/30
SITUATIONAL	HI03 - 9		1073		o Condition or Response Code dicating a Yes or No condition or respons	X	ID ←	1/1
SITUATIONAL	HI04	C022			E CODE INFORMATION are codes and their associated dates, am	O ounts a	and quai	ntities
			Used v		ecessary to report multiple addition	al co-	existin	g

REQUIRED	HI04 - 1		1270		List Qualifier Code identifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es
REQUIRED	HI04 - 2		1271		stry Code indicating a code from a specific industry	M code list	AN	1/30
				UB-9	2 Reference [UB-92 Name]:			
				68 [C	other Diagnoses Codes]			
				69 [C	ther Diagnoses Codes]			
				70 [C	other Diagnoses Codes]			
				71 [O	ther Diagnoses Codes]			
				_	ther Diagnoses Codes]			
				_	other Diagnoses Codes]			
				-	other Diagnoses Codes]			
				75 [C	other Diagnoses Codes]			
				EMC	v.6.0 Reference:			
				Reco	ord Type 70 Field No. 5, 6, 7, 8, 9, 1	0, 11, 12	2	
NOT USED	HI04 - 3		1250	Date	Time Period Format Qualifier	Х	ID	2/3
NOT USED	HI04 - 4		1251	Date	Time Period	X	AN	1/35
NOT USED	HI04 - 5		782	Mone	etary Amount	0	R	1/18
NOT USED	HI04 - 6		380	Quar	-	0	R	1/15
NOT USED	HI04 - 7		799		ion Identifier	0	AN	1/30
NOT USED	HI04 - 8		1271		stry Code indicating a code from a specific industry	X code list	AN	1/30
SITUATIONAL	HI04 - 9		1073	Yes/I	No Condition or Response Code indicating a Yes or No condition or response	nse) (X)	(ID)	1/1
SITUATIONAL	HI05	C022		ГН СА	RE CODE INFORMATION care codes and their associated dates, a	0	nd quar	ntities
					necessary to report multiple addition		•	
			condit		, , p.o adding			,
REQUIRED	HI05 - 1		1270		List Qualifier Code identifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			BF		Diagnosis			
					CODE SOURCE 131: International Classif Clinical Mod (ICD-9-CM) Procedure	ication of	Diseas	es
REQUIRED	HI05 - 2		1271		stry Code indicating a code from a specific industry	M code list	AN	1/30
				UB-9	2 Reference [UB-92 Name]:			
				68 [C	other Diagnoses Codes]			
				69 [O	other Diagnoses Codes]			
					ther Diagnoses Codes]			

				71 [Other Diagnoses Codes]72 [Other Diagnoses Codes]73 [Other Diagnoses Codes]74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI05 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6		380	Quantity	0	R	1/15
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI05 - 8		1271	Industry Code Code indicating a code from a specific industry co	X ode list	AN	1/30
SITUATIONAL	HI05 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID .	1/1
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O ounts a	nd qua	ntities
			Used v	when necessary to report multiple addition ions.	al co-	existir	ng
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			C	ODE DEFINITION			
				DET INTITION			
			BF	Diagnosis			
				Diagnosis code source 131: International Classification	ation of	Diseas	es
REQUIRED	HI06 - 2			Diagnosis	М	Diseas AN	es 1/30
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification (ICD-9-CM) Procedure Industry Code	М		
REQUIRED	HI06 - 2		BF	Diagnosis CODE SOURCE 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry Code UB-92 Reference [UB-92 Name]:	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification (Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code (IDB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification (Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code (ID-92 Name): 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code (ID-92 Name): 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]	М		
REQUIRED	HI06 - 2		BF	Diagnosis code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes]	M ode list	AN	
REQUIRED NOT USED	HI06 - 2		BF	Diagnosis code source 131: International Classification (Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code (ID-92 Name): 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] EMC v.6.0 Reference:	M ode list	AN	
			BF 1271	Diagnosis code source 131: International Classification (Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	M ode list	AN	1/30
NOT USED	HI06 - 3		BF 1271	Diagnosis CODE SOURCE 131: International Classification (Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code (ID-92 Name): 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes] EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Mode list	AN	1/30



NOT USED	HI06 - 7		799	Versi	ion Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271		stry Code indicating a code from a specific industry co	X de list	AN	1/30
SITUATIONAL	HI06 - 9		1073		No Condition or Response Code indicating a Yes or No condition or response	X	ID •	1/1
SITUATIONAL	HI07	C022		_	RE CODE INFORMATION care codes and their associated dates, amo	O ounts a	ınd qua	intities
			Used o		necessary to report multiple addition	al co-	existir	ng
REQUIRED	HI07 - 1		1270		List Qualifier Code identifying a specific industry code list	M	ID	1/3
			c	ODE	DEFINITION			
			BF		Diagnosis			
			ы		CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure	ation of	Diseas	ses
REQUIRED	HI07 - 2		1271		stry Code indicating a code from a specific industry co	M de list	AN	1/30
				UB-9	2 Reference [UB-92 Name]:			
					other Diagnoses Codes]			
				69 [O	other Diagnoses Codes]			
				70 [O	other Diagnoses Codes]			
				71 [0	other Diagnoses Codes]			
				72 [O	other Diagnoses Codes]			
				73 [O	other Diagnoses Codes]			
				74 [O	ther Diagnoses Codes]			
				75 [O	ther Diagnoses Codes]			
				EMC	v.6.0 Reference:			
				Reco	ord Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI07 - 3		1250	Date	Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4		1251	Date	Time Period	X	AN	1/35
NOT USED	HI07 - 5		782	Mone	etary Amount	Ο	R	1/18
NOT USED	HI07 - 6		380	Quan	ntity	Ο	R	1/15
NOT USED	HI07 - 7		799	Versi	ion Identifier	0	AN	1/30
NOT USED	HI07 - 8		1271		stry Code indicating a code from a specific industry co	X de list	AN	1/30
SITUATIONAL	HI07 - 9		1073		No Condition or Response Code indicating a Yes or No condition or response	X	(ID)	1/1
SITUATIONAL	HI08	C022			RE CODE INFORMATION care codes and their associated dates, amo	O ounts a	ind qua	ntities
			Used o		necessary to report multiple addition	al co-	existir	ng
REQUIRED	HI08 - 1		1270		List Qualifier Code identifying a specific industry code list	M	ID	1/3
			r	ODE	DEFINITION			
								-

			BF	Diagnosis			
			БГ	Diagnosis code source 131: International Classificat	ion of	Disease	es
				Clinical Mod (ICD-9-CM) Procedure			
REQUIRED H	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry code	M le list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 1	11, 12		
	HI08 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED H	HI08 - 4		1251	Date Time Period	X	AN	1/35
NOT USED H	HI08 - 5		782	Monetary Amount	0	R	1/18
NOT USED H	HI08 - 6		380	Quantity	0	R	1/15
NOT USED H	HI08 - 7		799	Version Identifier	0	AN	1/30
NOT USED H	HI08 - 8		1271	Industry Code Code indicating a code from a specific industry code	X le list	AN	1/30
SITUATIONAL	HI08 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	(ID)	1/1
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION health care codes and their associated dates, amounts	O unts a	nd quar	ıtities
			Used w	when necessary to report multiple additionations.	l co-	existin	g
REQUIRED H	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
REQUIRED H	HI09 - 1		-		M	ID	1/3
REQUIRED H	HI09 - 1		cc	Code identifying a specific industry code list	М	ID	1/3
REQUIRED H	HI09 - 1		-	Code identifying a specific industry code list			
	HI09 - 1		cc	Code identifying a specific industry code list DEFINITION Diagnosis CODE SOURCE 131: International Classificat	ion of		
			BF	Code identifying a specific industry code list DE DEFINITION Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code	ion of	Disease	es
			BF	Code identifying a specific industry code list DEFINITION Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code	ion of	Disease	es
			BF	Code identifying a specific industry code list DE DEFINITION Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry cod UB-92 Reference [UB-92 Name]:	ion of	Disease	es
			BF	DEEINITION Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry coduB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes]	ion of	Disease	es
			BF	DEEINITION Diagnosis Code identifying a specific industry code list Diagnosis Code source 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes]	ion of	Disease	es
			BF	DEEINITION Diagnosis CODE SOURCE 131: International Classificat Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes]	ion of	Disease	es

				74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10), 11, 12	2	
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI09 - 6		380	Quantity	0	R	1/15
NOT USED	HI09 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code Code indicating a code from a specific industry of	X code list	AN	1/30
SITUATIONAL	HI09 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respon	x x	(ID)	1/1
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, ar	O nounts a	nd qua	ntities
			Used v	when necessary to report multiple additio ions.	nal co-	existiı	ng
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			C	ODE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classific Clinical Mod (ICD-9-CM) Procedure	cation of	Diseas	ses
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				-), 11, 12	2	
NOT USED	HI10 - 3		1250	EMC v.6.0 Reference:), 11, 12 X	! ID	2/3
NOT USED	HI10 - 3 HI10 - 4		1250 1251	EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10			
				EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10 Date Time Period Format Qualifier	х	ID	1/35
NOT USED	HI10 - 4		1251	EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10 Date Time Period Format Qualifier Date Time Period	X X	ID AN	1/35 1/18
NOT USED NOT USED	HI10 - 4 HI10 - 5		1251 782	EMC v.6.0 Reference: Record Type 70 Field No. 5, 6, 7, 8, 9, 10 Date Time Period Format Qualifier Date Time Period Monetary Amount	X X O	ID AN R	2/3 1/35 1/18 1/15



MIFLEMENTATION							KIVIATIV
SITUATIONAL	HI10 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	(ID)	1/1
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, am	O ounts a	nd qua	ntities
			Used v	when necessary to report multiple addition ions.	al co-	existir	ng
REQUIRED	HI11 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			C	DDE DEFINITION			
			BF	Diagnosis			
				CODE SOURCE 131: International Classification (ICD-9-CM) Procedure	ation of	Diseas	ses
REQUIRED	HI11 - 2		1271	Industry Code	M	AN	1/30
				Code indicating a code from a specific industry of	ode list		
				UB-92 Reference [UB-92 Name]: 68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10,	11, 12	2	
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	_	A NI	1/30
					0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code Code indicating a code from a specific industry co	X	AN	
				Industry Code Code indicating a code from a specific industry co Yes/No Condition or Response Code	X ode list		1/30
SITUATIONAL	HI11 - 8	C022	1271 (1073) HEALT	Industry Code Code indicating a code from a specific industry co	X ode list	AN ID	1/30
SITUATIONAL	HI11 - 8	C022	1271 1073 HEALT	Industry Code Code indicating a code from a specific industry co Yes/No Condition or Response Code Code indicating a Yes or No condition or response TH CARE CODE INFORMATION I health care codes and their associated dates, am When necessary to report multiple addition	X ode list (X) e O ounts a	AN ID and qua	1/30 1/1 ntities
SITUATIONAL SITUATIONAL	HI11 - 8	C022	1271 1073 HEALT To send Used V	Industry Code Code indicating a code from a specific industry co Yes/No Condition or Response Code Code indicating a Yes or No condition or response TH CARE CODE INFORMATION I health care codes and their associated dates, am When necessary to report multiple addition	X ode list (X) e O ounts a	AN ID and qua	1/30 1/1 ntities
SITUATIONAL SITUATIONAL REQUIRED	HI11 - 8 (HI11 - 9) HI12	C022	1271 1073 HEALT To send Used v condit	Industry Code Code indicating a code from a specific industry co (Yes/No Condition or Response Code) Code indicating a Yes or No condition or response TH CARE CODE INFORMATION Is health care codes and their associated dates, ame when necessary to report multiple additional ions. Code List Qualifier Code	X ode list (X) e O ounts a	ID nd qua	1/30 1/1 ntities
SITUATIONAL SITUATIONAL	HI11 - 8 (HI11 - 9) HI12	C022	1271 1073 HEALT To send Used v condit	Industry Code Code indicating a code from a specific industry code (Yes/No Condition or Response Code) (Code indicating a Yes or No condition or response ITH CARE CODE INFORMATION If health care codes and their associated dates, ame when necessary to report multiple additional ions. Code List Qualifier Code Code identifying a specific industry code list	X ode list (X) e O ounts a	ID nd qua	1/30 1/1 ntities

REQU	IRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry code	M list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				68 [Other Diagnoses Codes]			
				69 [Other Diagnoses Codes]			
				70 [Other Diagnoses Codes]			
				71 [Other Diagnoses Codes]			
				72 [Other Diagnoses Codes]			
				73 [Other Diagnoses Codes]			
				74 [Other Diagnoses Codes]			
				75 [Other Diagnoses Codes]			
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11	, 12		
NOT U	ISED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT U	ISED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT U	ISED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT U	ISED	HI12 - 6	380	Quantity	0	R	1/15
NOT U	ISED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT U	ISED	HI12 - 8	1271	Industry Code Code indicating a code from a specific industry code	X list	AN	1/30
SITUA	TIONAL	(HI12 - 9)	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	(ID)	1/1



PRINCIPAL PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes:

- Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.
- 2. Required on inpatient claims or encounters when a procedure was performed.

Example: HI*BR:92795:D8:19980321~

STANDARD

HI Health Care Information Codes

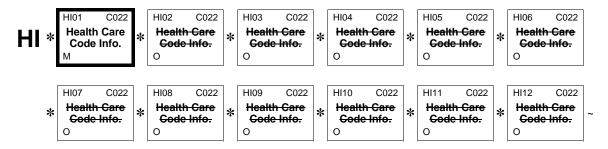
Level: Detail Position: 2310 Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBL	JTES	
REQUIRED	HI01	C022		_	RE CODE INFORMATION care codes and their associated dates, am	M ounts a	and qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code identifying a specific industry code list DEFINITION	M	ID	1/3
			ВР		Health Care Financing Administration Procedural Coding System Principles			
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admi	nistratio	n

			BR		International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure				
			→		Code source 131: International Classificati Clinical Mod (ICD-9-CM) Procedure	on of	Disease	s	
REQUIRED	HI01 - 2		1271	Industr Code ind	y Code dicating a code from a specific industry code	M e list	AN	1/30	
				UB-92 I	Reference [UB-92 Name]:				
					ncipal Procedure Code and Date]				
				EMC v	6.0 Reference:				
					Type 70 Field No. 13				
SITUATIONAL	HI01 - 3		1250	Date Ti	me Period Format Qualifier dicating the date format, time format, or date	X	ID time for	2/3	
			co	ODE IIIC	DEFINITION	e and	unie ioi	mai	
			D8		Date Expressed in Format CCYYMM	/IDD			
					Use code D8 when the value in con		ite data	3	
					element HI01-1 equals "BR".				
SITUATIONAL	HI01 - 4		1251		me Period on of a date, a time, or range of dates, time	X es or d	AN dates an	1/35 d times	
				UB-92 I	Reference [UB-92 Name]:				
					TE" field [Principal Procedure Code	e and	l Date]		
				EMC v.	6.0 Reference:				
				Record	Type 70 Field No. 14				
				Require	ed when HI01-3 is used.				
NOT USED	HI01 - 5		782	Moneta	ry Amount	0	R	1/18	
NOT USED	HI01 - 6		380	Quantit	ty	0	R	1/15	
NOT USED	HI01 - 7		799	Version	n Identifier	0	AN	1/30	
NOT USED	HI01 - 8		1271	Industr Code ind	y Code dicating a code from a specific industry code	X e list	AN	1/30	
NOT USED	HI01 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1	
NOT USED	HI02	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI03	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI04	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI05	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI06	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI07	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI08	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI09	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI10	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI11	C022	HEALT	TH CARE	CODE INFORMATION	0			
NOT USED	HI12	C022	HEALT	TH CARE	CODE INFORMATION	0			

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OTHER PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required on Home IV therapy claims or encounters when surgery was

performed during the inpatient stay from which the course of therapy

was initiated.

2. Required on inpatient claims or encounters when additional

procedures must be reported.

Example: HI*BQ:92795:D8:19980321~

STANDARD

HI Health Care Information Codes

Level: Detail Position: 2310

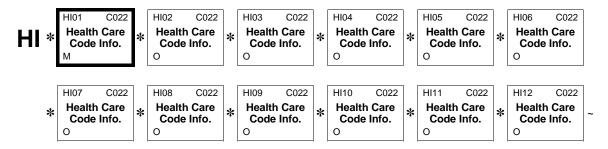
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUTES		
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, am			M ounts a	and qua	ntities
REQUIRED	HI01 - 1		1270 Code List Qualifier Code Code identifying a specific industry code list CODE DEFINITION		M	ID	1/3	
			во		Health Care Financing Administra Procedural Coding System	ation (Comm	on
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	g Admi	nistratio	n

		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure			
		→	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
REQUIRED	HI01 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list			
			UB-92 Reference [UB-92 Name]:			
			81 (A-E) [Other Procedure Codes and Dates]			
			EMC v.6.0 Reference:			
			Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format			
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.			
		c	ODE DEFINITION			
		D8	Date Expressed in Format CCYYMMDD			
SITUATIONAL	HI01 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times			
			UB-92 Reference [UB-92 Name]:			
			81 (A-E) [Other Procedure Codes and Dates]			
			EMC v.6.0 Reference:			
			Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED	HI01 - 5	782	Monetary Amount O R 1/18			
NOT USED	HI01 - 6	380	Quantity O R 1/15			
NOT USED	HI01 - 7	799	Version Identifier O AN 1/30			
NOT USED	HI01 - 8	1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list			
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response			
SITUATIONAL	HI02 C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities				
		Used v	when necessary to report multiple additional co-existing tions.			
REQUIRED	HI02 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list			
		С	ODE DEFINITION			
		ВО	Health Care Financing Administration Common Procedural Coding System			
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
	_	BQ	International Classification of Diseases Clinical			
	≡		Modification (ICD-9-CM) Procedure			

004040X156 • 837 • 2300 • HI OTHER PROCEDURE INFORMATION **CODE SOURCE 131:** International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

			Clinical Mod (ICD-9-CM) Procedure						
REQUIRED	HI02 - 2	1271	Industry Code M AN Code indicating a code from a specific industry code list	1/30					
			UB-92 Reference [UB-92 Name]:						
			81 (A-E) [Other Procedure Codes and Dates]						
			EMC v.6.0 Reference:						
			Record Type 70 Field No. 15, 17, 19, 21, 23						
SITUATIONAL	HI02 - 3	1250	Date Time Period Format Qualifier X ID Code indicating the date format, time format, or date and time for	2/3 rmat					
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.						
		cc	DDE DEFINITION						
			·						
		D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL	SITUATIONAL HI02 - 4		Date Time Period X AN Expression of a date, a time, or range of dates, times or dates at	1/35 nd times					
			UB-92 Reference [UB-92 Name]:						
			81 (A-E) [Other Procedure Codes and Dates]						
			EMC v.6.0 Reference:						
			Record Type 70 Field No. 16, 18, 20, 22, 24						
NOT USED	HI02 - 5	782	Monetary Amount O R	1/18					
NOT USED	HI02 - 6	380	Quantity O R	1/15					
NOT USED	HI02 - 7	799		1/30					
(NOT USED)									
•	HI02 - 8	1271	Industry Code X AN Code indicating a code from a specific industry code list	1/30					
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code X ID Code indicating a Yes or No condition or response	1/1					
SITUATIONAL	HI03 C02	2 HEALT	TH CARE CODE INFORMATION O						
		To send	To send health care codes and their associated dates, amounts and quantities						
		Used v	when necessary to report multiple additional co-existin ions.	g					
REQUIRED	HI03 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	1/3					
		0.0	DDE DEFINITION						
		ВО	Health Care Financing Administration Commo Procedural Coding System	n					
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System	1					
		BQ	International Classification of Diseases Clinic	al					
		DQ	Modification (ICD-9-CM) Procedure	~·					
		→	Code source 131: International Classification of Disease Clinical Mod (ICD-9-CM) Procedure	es					
REQUIRED	HI03 - 2	1271	Industry Code M AN	1/30					
			-						

				Code indicating a code from a specific industry code	e list		
				UB-92 Reference [UB-92 Name]:			
				81 (A-E) [Other Procedure Codes and Date	s]		
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL	HI03 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID I time fo	2/3 rmat
				Required if the procedure code reported is preceding data element. Used if needed to procedure date when the code reported is the immediately following element is required.	repo HCP	ort a	
			CC	DDE DEFINITION			
			D8	Date Expressed in Format CCYYMM	/IDD		
SITUATIONAL	HI03 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or	AN dates ar	1/35
				UB-92 Reference [UB-92 Name]:		aatoo a.	
				81 (A-E) [Other Procedure Codes and Date:	s1		
				. , .	0]		
				EMC v.6.0 Reference:			
				Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI04		HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities				
				when necessary to report multiple additional			
			conditi	• • •			9
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			CC	DDE DEFINITION			
			ВО		on C	`ommo	
			ьо	Health Care Financing Administrati Procedural Coding System	on c	JOHIIIO)II
				CODE SOURCE 130: Health Care Financing A Common Procedural Coding System	Admir	istration	1
	<u>-</u>		BQ	International Classification of Disea Modification (ICD-9-CM) Procedure	ases	Clinica	al
	ļ	<u> </u>	→	cope source 131: International Classification Clinical Mod (ICD-9-CM) Procedure	on of	Disease	es
REQUIRED	HI04 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				UB-92 Reference [UB-92 Name]:			

				81 (A-	E) [Other Procedure Codes and Dat	es]				
				EMC v	v.6.0 Reference:					
				Recor	d Type 70 Field No. 15, 17, 19, 21, 23	3				
SITUATIONAL	HI04 - 3		1250		Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format					
				preced	red if the procedure code reported i ding data element. Used if needed to dure date when the code reported is mediately following element is requ	repo HCP	ort a			
			С	ODE	DEFINITION					
			D8		Date Expressed in Format CCYYM	IMDD				
SITUATIONAL	HI04 - 4		1251	Doto T	ime Period	Х	AN	1/35		
OHOAHONAL	HIU4 - 4		1251		sion of a date, a time, or range of dates, tin					
				UB-92	Reference [UB-92 Name]:					
				81 (A-	E) [Other Procedure Codes and Dat	es]				
				FMC v	v.6.0 Reference:					
					d Type 70 Field No. 16, 18, 20, 22, 24	1				
NOT USED	HI04 - 5		782		ary Amount	0	R	1/18		
NOT USED	HI04 - 6		-			0	R	1/15		
NOT USED	HI04 - 7		799	380 Quantity 799 Version Identifier				1/13		
NOT USED	HI04 - 7		1271		_	O X	AN AN	1/30		
→	Пі04 - 0		1271		t ry Code ndicating a code from a specific industry co		AN	1/30		
NOT USED	HI04 - 9		1073		o Condition or Response Code adicating a Yes or No condition or response	X	ID	1/1		
SITUATIONAL	HI05	C022			E CODE INFORMATION care codes and their associated dates, amo	O ounts a	ınd quar	ntities		
			Used v		ecessary to report multiple addition	al co-	existin	g		
REQUIRED	HI05 - 1		1270		List Qualifier Code dentifying a specific industry code list	М	ID	1/3		
			_	ODE	DEFINITION					
				ODL		4! a.a. (· · · · · · · · · · · · · · · · · · ·			
			во		Health Care Financing Administra Procedural Coding System	tion (ommo	on		
					CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admir	nistratior	ı		
			BQ		International Classification of Disc Modification (ICD-9-CM) Procedur		Clinic	al		
				→	CODE SOURCE 131: International Classifica Clinical Mod (ICD-9-CM) Procedure		Disease	es		
REQUIRED	HI05 - 2		1271		try Code adicating a code from a specific industry co	M de list	AN	1/30		
				UB-92	Reference [UB-92 Name]:					
				81 (A-	E) [Other Procedure Codes and Dat	es]				
				EMC v	v.6.0 Reference:					

			Record Type 70 Field No. 15, 17, 19, 21, 2	23				
SITUATIONAL	HI05 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or or	X date and	ID time fo	2/3 ormat		
			Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.					
		c	DDE DEFINITION					
		D8	Date Expressed in Format CCYY	MMDD				
SITUATIONAL	HI05 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, t	X imes or (AN dates a	1/35 nd times		
			UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Da	ites]				
			EMC v.6.0 Reference:	2.4				
			Record Type 70 Field No. 16, 18, 20, 22, 2	24				
NOT USED	HI05 - 5	782	Monetary Amount	0	R	1/18		
NOT USED	HI05 - 6	380	Quantity	0	R	1/15		
NOT USED	HI05 - 7	799	Version Identifier	0	AN	1/30		
NOT USED	HI05 - 8	1271	Industry Code Code indicating a code from a specific industry of	X ode list	AN	1/30		
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1		
SITUATIONAL	HI06 CO		TH CARE CODE INFORMATION If health care codes and their associated dates, am	O nounts a	nd quar	ntities		
		Used v	when necessary to report multiple addition ions.	nal co-e	existin	g		
REQUIRED	HI06 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3		
		c	DDE DEFINITION					
		во	Health Care Financing Administr Procedural Coding System	ation C	ommo	on		
			CODE SOURCE 130: Health Care Financin Common Procedural Coding System	g Admin	istratio	า		
	■	BQ		seases				
	<u> </u>	BQ	Common Procedural Coding System International Classification of Dis	seases ire	Clinic	al		
REQUIRED	HI06 - 2	BQ	Common Procedural Coding System International Classification of Dis Modification (ICD-9-CM) Procedu code source 131: International Classific	seases ire cation of	Clinic	al		
REQUIRED	HI06 - 2	→	Common Procedural Coding System International Classification of Dis Modification (ICD-9-CM) Procedu code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure Industry Code	seases ire cation of	Clinic Diseas	al es		
REQUIRED	HI06 - 2	→	International Classification of Dis Modification (ICD-9-CM) Procedu code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code	seases ire cation of M ode list	Clinic Diseas	al es		
REQUIRED	HI06 - 2	→	Common Procedural Coding System International Classification of Dis Modification (ICD-9-CM) Procedure code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]:	seases ire cation of M ode list	Clinic Diseas	al es		
REQUIRED	HI06 - 2	→	Common Procedural Coding System International Classification of Dis Modification (ICD-9-CM) Procedur code source 131: International Classific Clinical Mod (ICD-9-CM) Procedure Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Date	seases ire eation of M ode list	Clinic Diseas	al es		

Code indicating the date format, time format, or date and time format

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

		C	CODE DEFINITION						
		D8	Date Expressed in Format CCYYMMDD						
SITUATIONAL	HI06 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times						
			UB-92 Reference [UB-92 Name]:						
			81 (A-E) [Other Procedure Codes and Dates]						
			EMC v.6.0 Reference:						
			Record Type 70 Field No. 16, 18, 20, 22, 24						
NOT USED	HI06 - 5	782	Monetary Amount O R 1/18						
NOT USED	HI06 - 6	380	Quantity O R 1/15						
NOT USED	HI06 - 7	799	Version Identifier O AN 1/30						
NOT USED	HI06 - 8	1271	Industry Code X AN 1/30						
<u> </u>			Code indicating a code from a specific industry code list						
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response						
SITUATIONAL	HI07 C022		TH CARE CODE INFORMATION On the health care codes and their associated dates, amounts and quantities						
		Used v	when necessary to report multiple additional co-existing itions.						
REQUIRED	HI07 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list						
		C	CODE DEFINITION						
		ВО	Health Care Financing Administration Common Procedural Coding System						
			CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System						
		BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure						
		→	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
REQUIRED	HI07 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list						
			UB-92 Reference [UB-92 Name]:						
			81 (A-E) [Other Procedure Codes and Dates]						
			EMC v.6.0 Reference:						
			Record Type 70 Field No. 15, 17, 19, 21, 23						
SITUATIONAL	11107 0	4050							
SHUATIONAL	HI07 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format						

					the immediately following element is required.							
				cc	DDE DEFINITION							
				D8		Date Expressed in Format CCYYM	MDD					
	SITUATIONAL	HI07 - 4		1251		me Period ion of a date, a time, or range of dates, tim	X es or	AN dates an	1/35 ad times			
					UB-92 Reference [UB-92 Name]:							
					81 (A-E	() [Other Procedure Codes and Date	es]					
					EMC v.	6.0 Reference:						
					Record Type 70 Field No. 16, 18, 20, 22, 24							
	NOT USED	HI07 - 5		782	Monetary Amount		0	R	1/18			
	NOT USED	HI07 - 6		380	Quanti	ty	0	R	1/15			
_	NOT USED	HI07 - 7		799	Version	n Identifier	0	AN	1/30			
	NOT USED	HI07 - 8		1271	Industr Code ind	y Code dicating a code from a specific industry cod	X le list	AN	1/30			
	NOT USED	HI07 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1			
	SITUATIONAL	HI08	C022		_	E CODE INFORMATION are codes and their associated dates, amou	O unts a	ınd quan	tities			
				Used when necessary to report multiple additional co-existing conditions.								
	REQUIRED	HI08 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3			
				CC	ODE	DEFINITION						
				ВО		Health Care Financing Administrat Procedural Coding System	ion (Commo	n			
						CODE SOURCE 130: Health Care Financing Common Procedural Coding System	Admir	nistration				
				BQ		International Classification of Dise Modification (ICD-9-CM) Procedure		Clinica	al			
				\rightarrow		Code source 131: International Classificat Clinical Mod (ICD-9-CM) Procedure	ion of	Disease	es			
	REQUIRED	HI08 - 2		1271		y Code dicating a code from a specific industry cod	M le list	AN	1/30			
					UB-92	Reference [UB-92 Name]:						
					81 (A-E	() [Other Procedure Codes and Date	es]					
					EMC v.	6.0 Reference:						
					Record	Type 70 Field No. 15, 17, 19, 21, 23						
	SITUATIONAL	HI08 - 3		1250		me Period Format Qualifier dicating the date format, time format, or da	X te and	ID d time for	2/3 mat			

Date Expressed in Format CCYYMMDD SITUATIONAL HI08 - 4 1251 Date Time Period X Expression of a date, a time, or range of dates, times or d		
SITUATIONAL HI08 - 4 1251 Date Time Period X		
1100 4 1201 Date line l'elle		
	AN lates and	1/35 d times
UB-92 Reference [UB-92 Name]:		
81 (A-E) [Other Procedure Codes and Dates]		
EMC v.6.0 Reference:		
Record Type 70 Field No. 16, 18, 20, 22, 24		
NOT USED HI08 - 5 782 Monetary Amount O	R	1/18
NOT USED HI08 - 6 380 Quantity O	R	1/15
NOT HOED	AN	1/30
NOT USED HI08 - 8 1271 Industry Code Code indicating a code from a specific industry code list	AN	1/30
NOT USED HI08 - 9 1073 Yes/No Condition or Response Code X Code indicating a Yes or No condition or response	ID	1/1
SITUATIONAL HI09 C022 HEALTH CARE CODE INFORMATION O To send health care codes and their associated dates, amounts an	ıd quanti	ities
Used when necessary to report multiple additional co-e conditions.	xisting	
REQUIRED HI09 - 1 1270 Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
CODE DEFINITION		
BO Health Care Financing Administration Co	ommor	1
CODE SOURCE 130: Health Care Financing Adminis	stration	
BQ International Classification of Diseases (Modification (ICD-9-CM) Procedure	Clinica	I
CODE SOURCE 131: International Classification of E Clinical Mod (ICD-9-CM) Procedure	Diseases	6
REQUIRED HI09 - 2 1271 Industry Code Code indicating a code from a specific industry code list	AN	1/30
UB-92 Reference [UB-92 Name]:		
81 (A-E) [Other Procedure Codes and Dates]		
EMC v.6.0 Reference:		
Record Type 70 Field No. 15, 17, 19, 21, 23		
SITUATIONAL HI09 - 3 1250 Date Time Period Format Qualifier X Code indicating the date format, time format, or date and	ID time forr	2/3 mat

				cc	CODE DEFINITION
				D8	Date Expressed in Format CCYYMMDD
	SITUATIONAL	HI09 - 4	1251	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
					UB-92 Reference [UB-92 Name]:
					81 (A-E) [Other Procedure Codes and Dates]
					EMC v.6.0 Reference:
					Record Type 70 Field No. 16, 18, 20, 22, 24
	NOT USED	HI09 - 5		782	Monetary Amount O R 1/18
	NOT USED	HI09 - 6		380	Quantity O R 1/15
	NOT USED	HI09 - 7		799	Version Identifier O AN 1/30
	NOT USED	HI09 - 8		1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
	NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
	SITUATIONAL HI10 C022	C022		TH CARE CODE INFORMATION On health care codes and their associated dates, amounts and quantities	
				Used v	when necessary to report multiple additional co-existing itions.
	REQUIRED	HI10 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
				cc	CODE DEFINITION
				во	Health Care Financing Administration Common Procedural Coding System
					CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
			B	BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure
				\rightarrow	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
	REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
					UB-92 Reference [UB-92 Name]:
					81 (A-E) [Other Procedure Codes and Dates]
					EMC v.6.0 Reference:
					Record Type 70 Field No. 15, 17, 19, 21, 23
	SITUATIONAL	HI10 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format

				e immediately following element is required.					
				DEFINITION DEFINITION					
			D8	Date Expressed in Format CCYYMMDD					
	SITUATIONAL	HI10 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times					
				UB-92 Reference [UB-92 Name]:					
				81 (A-E) [Other Procedure Codes and Dates]					
				EMC v.6.0 Reference:					
				Record Type 70 Field No. 16, 18, 20, 22, 24					
	NOT USED	HI10 - 5	782	Monetary Amount O R 1/18					
	NOT USED	HI10 - 6	380	Quantity O R 1/15					
	NOT USED	HI10 - 7	799	Version Identifier O AN 1/30					
	NOT USED	HI10 - 8	1271	Industry Code X AN 1/30					
_				Code indicating a code from a specific industry code list					
	NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response					
	SITUATIONAL	SITUATIONAL HI11 C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities					
			Used v	when necessary to report multiple additional co-existing tions.					
	REQUIRED	HI11 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list					
			Co	CODE DEFINITION					
			во	Health Care Financing Administration Common Procedural Coding System					
				CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System					
			BQ	International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure					
			→	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
	REQUIRED	HI11 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list					
				UB-92 Reference [UB-92 Name]:					
				81 (A-E) [Other Procedure Codes and Dates]					
				EMC v.6.0 Reference:					
				Record Type 70 Field No. 15, 17, 19, 21, 23					
	SITUATIONAL	HI11 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format					

D8 Date Expressed in Format CCYYMM 1251 Date Time Period Expression of a date, a time, or range of dates, time UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates EMC v.6.0 Reference: Record Type 70 Field No. 16, 18, 20, 22, 24	X es or d	AN dates ar	1/35 and times
SITUATIONAL HI11 - 4 1251 Date Time Period Expression of a date, a time, or range of dates, time UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates EMC v.6.0 Reference:	X es or d		
Expression of a date, a time, or range of dates, times UB-92 Reference [UB-92 Name]: 81 (A-E) [Other Procedure Codes and Dates EMC v.6.0 Reference:	es or o		
81 (A-E) [Other Procedure Codes and Dates EMC v.6.0 Reference:	3]		
EMC v.6.0 Reference:	§]		
Record Type 70 Field No. 16, 18, 20, 22, 24			
NOT USED HI11 - 5 782 Monetary Amount	0	R	1/18
NOT USED HI11 - 6 380 Quantity	0	R	1/15
NOT USED HI11 - 7 799 Version Identifier	0	AN	1/30
NOT USED	. liet		
NOT USED HI11 - 9 Code indicating a code from a specific industry code NOT USED HI11 - 9 Yes/No Condition or Response Code	e list X	ID	1/1
Code indicating a Yes or No condition or response	^	10	","
SITUATIONAL HI12 C022 HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amour	O nts au	nd auan	titios
Used when necessary to report multiple additional			
conditions.	CO-6	ZAISUII	9
REQUIRED HI12 - 1 1270 Code List Qualifier Code	М	ID	1/3
Code identifying a specific industry code list			
CODEDEFINITION			
BO Health Care Financing Administration Procedural Coding System	on C	ommo	n
CODE SOURCE 130: Health Care Financing A Common Procedural Coding System	dmin	istratior	l
BQ International Classification of Disea Modification (ICD-9-CM) Procedure	ses	Clinic	al
Code source 131: International Classification Clinical Mod (ICD-9-CM) Procedure	on of	Disease	es.
REQUIRED HI12 - 2 1271 Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
UB-92 Reference [UB-92 Name]:			
81 (A-E) [Other Procedure Codes and Dates	3]		
EMC v.6.0 Reference:			
Record Type 70 Field No. 15, 17, 19, 21, 23			
SITUATIONAL HI12 - 3 Date Time Period Format Qualifier Code indicating the date format, time format, or date	X e and	ID time fo	2/3

		CODE		DEFINITION			
		D8		Date Expressed in Format CCYYN	MDD		
SITUATIONAL	HI12 - 4	1251	UB-92 81 (A-E	ime Period ion of a date, a time, or range of dates, tir Reference [UB-92 Name]: E) [Other Procedure Codes and Dat 6.0 Reference: I Type 70 Field No. 16, 18, 20, 22, 2	es]	AN dates ar	1/35 and times
NOT USED	HI12 - 5	782	Moneta	ary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quanti	ty	0	R	1/15
NOT USED	HI12 - 7	799	Version	n Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271		ry Code dicating a code from a specific industry co	X de list	AN	1/30
NOT USED	HI12 - 9	1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1

IMPLEMENTATION

OCCURRENCE SPAN INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required when occurrence span information applies to the claim or

encounter.

Example: HI*BI:70:RD8:19981202-19981212~

STANDARD

HI Health Care Information Codes

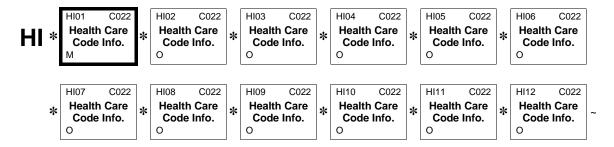
Level: Detail Position: 2310 Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	ITES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, amou	M ints a	nd quai	ntities
REQUIRED	HI01 - 1		1270	Code L Code ide	M	ID	1/3	
			C	CODE DEFINITION				
			BI		Occurrence Span			
					CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (NUBC)
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry code	M e list	AN	1/30
				UB-92				
				36 (a-b)) [Occurrence Span Code and Dates]		

				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31
REQUIRED	HI01 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				DEFINITION DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD- CCYYMMDD
REQUIRED	HI01 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI01 - 5		782	Monetary Amount O R 1/18
NOT USED	HI01 - 6		380	Quantity O R 1/15
NOT USED	HI01 - 7		799	Version Identifier O AN 1/30
NOT USED	HI01 - 8		1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION On the latest codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI02 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			Co	CODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI02 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31
REQUIRED	HI02 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
				CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI02 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times

				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Code and Dates]	Occu	irrence	Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
 NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry cod	X e list	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, amount	O unts ar	nd quan	tities
			Used v	vhen necessary to report multiple additiona ions.	l co-e	existin	9
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			CC	DDE DEFINITION			
			ВІ	Occurrence Span			
				CODE SOURCE 132: National Uniform Billing Codes	Comr	mittee (N	IUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry cod	M e list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Dates	;]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31, 32	, 33		
REQUIRED	HI03 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or dat	X e and	ID time for	2/3 mat
			c	DEE DEFINITION			
			RD8	Range of Dates Expressed in Form CCYYMMDD	at CC	CYYMN	IDD-
REQUIRED	HI03 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or o	AN dates ar	1/35 nd times
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" fields [Gode and Dates]	Occu	ırrence	Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
	-			•			

==:	00.52			
NOT USED	HI03 - 7		799	Version Identifier O AN 1/30
NOT USED	HI03 - 8		1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI04 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	CODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI04 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI04 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			c	CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI04 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI04 - 5		782	Monetary Amount O R 1/18
NOT USED	HI04 - 6		380	Quantity O R 1/15
NOT USED	HI04 - 7		799	Version Identifier O AN 1/30
NOT USED	HI04 - 8		1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION O d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.

REQUIRED	HI05 - 1	12	270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			СО	DE DEFINITION			
		ВІ	I	Occurrence Span			
				CODE SOURCE 132: National Uniform Bill Codes	ng Com	mittee (NUBC)
REQUIRED	HI05 - 2	12	271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				36 (a-b) [Occurrence Span Code and Da	tes]		
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 28, 29, 30, 31,	32, 33		
REQUIRED	HI05 - 3	12	250	Date Time Period Format Qualifier Code indicating the date format, time format, or	X date and	ID d time fo	2/3 ormat
			со	DE DEFINITION			
		RI	D8	Range of Dates Expressed in Fo CCYYMMDD	rmat C	CYYM	MDD-
REQUIRED	HI05 - 4	12	251	Date Time Period Expression of a date, a time, or range of dates,	X imes or	AN dates a	1/35 nd times
				UB-92 Reference [UB-92 Name]:			
				36 (a-b), "FROM" and "THROUGH" field Code and Dates]	s [Occi	urrenc	e Span
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI05 - 5	78	82	Monetary Amount	0	R	1/18
NOT USED	HI05 - 6	38	80	Quantity	0	R	1/15
NOT USED	HI05 - 7	79	99	Version Identifier	0	AN	1/30
NOT USED	HI05 - 8	12	271	Industry Code Code indicating a code from a specific industry of	X code list	AN	1/30
NOT USED	HI05 - 9	10	073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respon	X	ID	1/1
SITUATIONAL	HI06			H CARE CODE INFORMATION health care codes and their associated dates, ar	O nounts a	ınd quai	ntities
			sed w	hen necessary to report multiple additio	nal co-	existin	ıg
REQUIRED	HI06 - 1	12	270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			со	DE DEFINITION			
		BI	1	Occurrence Span			
		_		CODE SOURCE 132: National Uniform Bill Codes	ng Com	mittee (NUBC)
REQUIRED	HI06 - 2	12	271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30
				UB-92 Reference [UB-92 Name]:			

				36 (a-b)	[Occurrence Span Code and Date	s]		
				EMC v.	6.0 Reference:			
				Record	Type 40 Field No. 28, 29, 30, 31, 3	2, 33		
REQUIRED	HI06 - 3		1250		me Period Format Qualifier dicating the date format, time format, or do	X ate and	ID I time fo	2/3 ormat
			C	ODE	DEFINITION			
			RD8		Range of Dates Expressed in Form	nat C	CYYMI	MDD-
REQUIRED	HI06 - 4		1251		me Period on of a date, a time, or range of dates, tir	X nes or	AN dates a	1/35 nd times
					Reference [UB-92 Name]:			
				36 (a-b)), "FROM" and "THROUGH" fields nd Dates]	[Occı	ırrenc	e Span
				EMC v.	6.0 Reference:			
				Record	Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI06 - 5		782	Moneta	ry Amount	0	R	1/18
NOT USED	HI06 - 6		380	Quantit	:y	0	R	1/15
NOT USED	HI06 - 7		799	Version	n Identifier	0	AN	1/30
NOT USED	HI06 - 8		1271	Industr		X	AN	1/30
>				Code inc	licating a code from a specific industry co	de list		
NOT USED	HI06 - 9		1073		Condition or Response Code licating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI07	C022		-	E CODE INFORMATION ure codes and their associated dates, amo	O ounts a	nd quar	ntities
			Used v		cessary to report multiple addition	al co-	existin	ng
REQUIRED	HI07 - 1		1270		ist Qualifier Code entifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			ВІ		Occurrence Span			
					CODE SOURCE 132: National Uniform Billin Codes	g Com	mittee (NUBC)
REQUIRED	HI07 - 2		1271	Industr Code inc	y Code licating a code from a specific industry co	M de list	AN	1/30
				UB-92 F	Reference [UB-92 Name]:			
				36 (a-b)	Occurrence Span Code and Date	s]		
				EMC v.	6.0 Reference:			
				_	Type 40 Field No. 28, 29, 30, 31, 3	2, 33		
			4050		me Period Format Qualifier	Х	ID	2/3
REQUIRED	HI07 - 3		1250					
REQUIRED	HI07 - 3				dicating the date format, time format, or date properties the date format and description.			

	REQUIRED	HI07 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or e	AN dates an	1/35 ad time:
					UB-92 Reference [UB-92 Name]:			
					36 (a-b), "FROM" and "THROUGH" fields [GCOde and Dates]	Occu	irrence	Span
					EMC v.6.0 Reference:			
					Record Type 40 Field No. 29, 30, 32, 33			
	NOT USED			700		_	_	4/40
	NOT USED	HI07 - 5		782	Monetary Amount	0	R	1/18
		HI07 - 6		380	Quantity	0	R	1/15
.	NOT USED	HI07 - 7		799	Version Identifier	0	AN	1/30
	NOT USED	HI07 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
	NOT USED	HI07 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amou	O nts a	nd quan	tities
				Used v	when necessary to report multiple additional ions.	CO-	existinç	9
	REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				C	ODE DEFINITION			
					·			
				BI	Occurrence Span code source 132: National Uniform Billing	Comi	mittee (N	JUBC)
					Codes		(,
	REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
					UB-92 Reference [UB-92 Name]:			
					36 (a-b) [Occurrence Span Code and Dates	1		
					FMC v 6.0 Reference:			
					EMC v.6.0 Reference: Record Type 40 Field No. 28, 29, 30, 31, 32,			
	REQUIRED	HI08 - 3		1250	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier	33 X	ID	2/3
	REQUIRED	HI08 - 3			Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date	33 X		
	REQUIRED	HI08 - 3		C	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DDE DEFINITION	33 X e and	I time for	mat
	REQUIRED	HI08 - 3			Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date	33 X e and	I time for	mat
	REQUIRED	HI08 - 3		C	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DEFINITION Range of Dates Expressed in Format	X e and	CYYMN AN	1DD-
				RD8	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DEFINITION Range of Dates Expressed in Format CCYYMMDD Date Time Period	X e and	CYYMN AN	1/35
				RD8	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DEFINITION Range of Dates Expressed in Format CCYYMMDD Date Time Period Expression of a date, a time, or range of dates, time	X at Co	CYYMN AN dates an	1/35
				RD8	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DEFINITION Range of Dates Expressed in Format CCYYMMDD Date Time Period Expression of a date, a time, or range of dates, time UB-92 Reference [UB-92 Name]: 36 (a-b), "FROM" and "THROUGH" fields [Ocode and Dates]	X at Co	CYYMN AN dates an	IDD-
				RD8	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DE DEFINITION Range of Dates Expressed in Format CCYYMMDD Date Time Period Expression of a date, a time, or range of dates, time UB-92 Reference [UB-92 Name]: 36 (a-b), "FROM" and "THROUGH" fields [Code and Dates] EMC v.6.0 Reference:	X at Co	CYYMN AN dates an	1/35
				RD8	Record Type 40 Field No. 28, 29, 30, 31, 32, Date Time Period Format Qualifier Code indicating the date format, time format, or date DEFINITION Range of Dates Expressed in Format CCYYMMDD Date Time Period Expression of a date, a time, or range of dates, time UB-92 Reference [UB-92 Name]: 36 (a-b), "FROM" and "THROUGH" fields [Ocode and Dates]	X at Co	CYYMN AN dates an	IDD- 1/35 ad time

IMPLEMENTATION	OIDE			OCCURRENCE SPAN INFORMAT
NOT USED	HI08 - 6		380	Quantity O R 1/19
NOT USED	HI08 - 7		799	Version Identifier O AN 1/3
NOT USED	HI08 - 8		1271	Industry Code X AN 1/36 Code indicating a code from a specific industry code list
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI09 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			Co	ODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC Codes
REQUIRED	HI09 - 2		1271	Industry Code M AN 1/36 Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI09 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			C	ODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI09 - 4		1251	Date Time Period X AN 1/38 Expression of a date, a time, or range of dates, times or dates and time
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Spa Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI09 - 5		782	Monetary Amount O R 1/13
NOT USED	HI09 - 6		380	Quantity O R 1/15
NOT USED	HI09 - 7		799	Version Identifier O AN 1/30
NOT USED	HI09 - 8		1271	Industry Code X AN 1/36 Code indicating a code from a specific industry code list
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI10	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities

			Used condi		sary to report multiple addit	ional co-	existir	ng
REQUIRED	HI10 - 1		1270		Qualifier Code ying a specific industry code list	М	ID	1/3
				ODE DEF	FINITION			
			ВІ	Oc	currence Span			
					DE SOURCE 132: National Uniform E des	Billing Com	mittee	(NUBC)
REQUIRED	HI10 - 2		1271	Industry C Code indica	ode ting a code from a specific industr	M y code list	AN	1/30
				UB-92 Ref	erence [UB-92 Name]:			
				36 (a-b) [C	Occurrence Span Code and D	ates]		
				EMC v.6.0	Reference:			
				Record Ty	rpe 40 Field No. 28, 29, 30, 31	1, 32, 33		
REQUIRED	HI10 - 3		1250		Period Format Qualifier ting the date format, time format, or	X or date and	ID d time fo	2/3 ormat
				ODE DEF	FINITION			
			RD8		inge of Dates Expressed in F	ormat C	CYYM	MDD-
REQUIRED	HI10 - 4		1251	Date Time	Period of a date, a time, or range of dates	X s, times or	AN dates a	1/35 and times
				UB-92 Ref	erence [UB-92 Name]:			
				36 (a-b), "I Code and	FROM" and "THROUGH" fie Dates]	lds [Occ	urrenc	e Span
				EMC v.6.0	Reference:			
				Record Ty	rpe 40 Field No. 29, 30, 32, 33	3		
NOT USED	HI10 - 5		782	Monetary	Amount	0	R	1/18
NOT USED	HI10 - 6		380	Quantity		0	R	1/15
NOT USED	HI10 - 7		799	Version Id	entifier	0	AN	1/30
NOT USED	HI10 - 8		1271	Industry C Code indica	code ting a code from a specific industr	X y code list	AN	1/30
(NOT USED)	HI10 - 9		1073		ondition or Response Code ting a Yes or No condition or response	X onse	ID	1/1
SITUATIONAL	HI11	C022			ODE INFORMATION codes and their associated dates,	O amounts a	ınd qua	ntities
			Used condi		sary to report multiple addit	ional co-	existir	ng
REQUIRED	HI11 - 1		1270		Qualifier Code ying a specific industry code list	M	ID	1/3
			_ 0	ODE DEF	FINITION			
					-	-		
			BI	Oc	currence Span			
			ВІ	COI	currence Span DE source 132: National Uniform E des	Billing Com	mittee	(NUBC)

				Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI11 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	CODE DEFINITION
			RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
REQUIRED	HI11 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				UB-92 Reference [UB-92 Name]:
				36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 29, 30, 32, 33
NOT USED	HI11 - 5		782	Monetary Amount O R 1/18
NOT USED	HI11 - 6		380	Quantity O R 1/15
NOT USED	HI11 - 7		799	Version Identifier O AN 1/30
NOT USED	HI11 - 8		1271	Industry Code X AN 1/30
				Code indicating a code from a specific industry code list
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing tions.
REQUIRED	HI12 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			С	CODE DEFINITION
			ВІ	Occurrence Span
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI12 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				36 (a-b) [Occurrence Span Code and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 28, 29, 30, 31, 32, 33
REQUIRED	HI12 - 3		1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			С	CODE DEFINITION

		RD8	Range of Dates Expressed in Formation CCYYMMDD	at C	CYYMN	/IDD-
REQUIRED	HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or o	AN dates ar	1/35 and times
			UB-92 Reference [UB-92 Name]:			
			36 (a-b), "FROM" and "THROUGH" fields [6 Code and Dates]	Occu	ırrence	Span
			EMC v.6.0 Reference:			
			Record Type 40 Field No. 29, 30, 32, 33			
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

IMPLEMENTATION

OCCURRENCE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required when occurrence information applies to the claim or

encounter.

Example: HI*BH:42:D8:19981208~

STANDARD

HI Health Care Information Codes

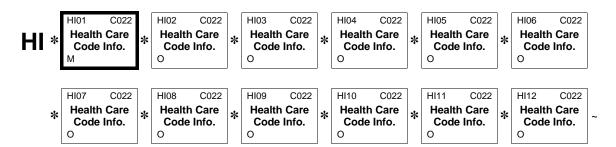
Level: Detail
Position: 2310
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBL	ITES
REQUIRED	HI01	C022			E CODE INFORMATION are codes and their associated dates, amou	M unts a	nd qua	ntities
REQUIRED	HI01 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			ВН		Occurrence			
					CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (NUBC)
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry cod	M e list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				32 (a-b) [Occurrence Codes and Dates]			

OCCORNENCE INFO	JRIVIATION			IIVIF	_LIVIL	NIAIR	וטוטט אוכ
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 16	, 18, 2	20, 22,	24, 26
REQUIRED	HI01 - 3	12	250	Date Time Period Format Qualifier Code indicating the date format, time format, or da	X ite and	ID	2/3
			CC	DDE DEFINITION	to and		, in lat
		D8	8	Date Expressed in Format CCYYM	MDD		
REQUIRED	HI01 - 4	12	251	Date Time Period Expression of a date, a time, or range of dates, time	X nes or	AN dates a	1/35 nd times
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes	and ¹	Dates1	
				33 (a-b), "DATE" field [Occurrence Codes		_	
				34 (a-b), "DATE" field [Occurrence Codes	and	- [Dates	
				35 (a-b), "DATE" field [Occurrence Codes	and l	Dates]	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 17	, 19, 2	21, 23,	25, 27
NOT USED	HI01 - 5	78	32	Monetary Amount	0	R	1/18
NOT USED	HI01 - 6	38	30	Quantity	0	R	1/15
NOT USED	HI01 - 7	79	99	Version Identifier	0	AN	1/30
NOT USED	HI01 - 8	12	271	Industry Code	X	AN	1/30
NOT USED	11104 0	40	170	Code indicating a code from a specific industry cod		ın	414
NOT GOLD	HI01 - 9	10)73	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI02			TH CARE CODE INFORMATION health care codes and their associated dates, amo	O unts a	ınd quai	ntities
				when necessary to report multiple additional	ıl co-	existir	ng
		СО	onditi	ons.			
REQUIRED	HI02 - 1	12	270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
		_	cc	DDE DEFINITION			
		ВН	Н	Occurrence			
				CODE SOURCE 132: National Uniform Billing Codes	, Com	mittee (NUBC)
REQUIRED	HI02 - 2	12	271	Industry Code Code indicating a code from a specific industry code	M de list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			

					Record	Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22, 2	24, 26
	REQUIRED	HI02 - 3		1250		me Period Format Qualifier dicating the date format, time format, or da	X te and	ID time for	2/3 rmat
				co	DDE	DEFINITION			
				D8		Date Expressed in Format CCYYM	MDD		
	REQUIRED	HI02 - 4		1251		me Period on of a date, a time, or range of dates, tim	X es or o	AN dates ar	1/35 and times
					UB-92 I	Reference [UB-92 Name]:			
					32 (a-b)	, "DATE" field [Occurrence Codes	and [Dates]	
					33 (a-b)	, "DATE" field [Occurrence Codes	and [Dates]	
					34 (a-b)	, "DATE" field [Occurrence Codes	and [Dates]	
					35 (a-b)	, "DATE" field [Occurrence Codes	and [Dates]	
					EMC v.	6.0 Reference:			
					Record	Type 40 Field No. 9, 11, 13, 15, 17,	19, 2	1, 23, 2	25, 27
	NOT USED	HI02 - 5		782	Moneta	ry Amount	0	R	1/18
	NOT USED	HI02 - 6		380	Quantit	y .	0	R	1/15
	NOT USED	HI02 - 7		799	Version	n Identifier	0	AN	1/30
=	NOT USED	HI02 - 8		1271	Industr Code ind	y Code licating a code from a specific industry cod	X le list	AN	1/30
	NOT USED	HI02 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI03	C022			E CODE INFORMATION are codes and their associated dates, amo	O unts a	nd quan	tities
				Used v		cessary to report multiple additiona	l co-e	existin	g
	REQUIRED	HI03 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
				co	DDE	DEFINITION			
				ВН		Occurrence			
						CODE SOURCE 132: National Uniform Billing Codes	Comr	mittee (N	NUBC)
	REQUIRED	HI03 - 2		1271	Industr Code ind	y Code licating a code from a specific industry cod	M le list	AN	1/30
					UB-92 I	Reference [UB-92 Name]:			
					32 (a-b)	[Occurrence Codes and Dates]			
					33 (a-b)	[Occurrence Codes and Dates]			
					34 (a-b)	[Occurrence Codes and Dates]			
					35 (a-b)	[Occurrence Codes and Dates]			
					EMC v.	6.0 Reference:			
					Record	Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22, 2	24, 26
	REQUIRED	HI03 - 3		1250		me Period Format Qualifier licating the date format, time format, or da	X te and	ID time for	2/3 rmat
				c	DDE	DEFINITION			<u>_</u> _

			D8	Date Expressed in Format CCYYMMDI)	
REQUIRED	HI03 - 4		1251	Date Time Period X Expression of a date, a time, or range of dates, times o	AN dates a	1/35 and times
				UB-92 Reference [UB-92 Name]:		
				32 (a-b), "DATE" field [Occurrence Codes and	Dates]	
				33 (a-b), "DATE" field [Occurrence Codes and	Dates]	
				34 (a-b), "DATE" field [Occurrence Codes and	Dates]	
				35 (a-b), "DATE" field [Occurrence Codes and	Dates]	
				EMC v.6.0 Reference:		
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19,	21, 23,	25, 27
NOT USED	HI03 - 5		782	Monetary Amount O	R	1/18
NOT USED	HI03 - 6		380	Quantity	R	1/15
NOT USED	HI03 - 7		799	Version Identifier O	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code X	AN	1/30
				Code indicating a code from a specific industry code lis		
NOT USED				Code indicating a Yes or No condition or response		
SITUATIONAL	HI04	C022	UE AL 7	TH CARE CODE INFORMATION O		
	11104	CUZZ		d health care codes and their associated dates, amounts	and quar	tities
			Used v	when necessary to report multiple additional coions.	-existin	g
REQUIRED	HI04 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
			C	ODE DEFINITION		
			ВН	Occurrence		
				CODE SOURCE 132: National Uniform Billing Cor Codes	nmittee (I	NUBC)
REQUIRED	HI04 - 2		1271	Industry Code M Code indicating a code from a specific industry code lis	AN	1/30
				UB-92 Reference [UB-92 Name]:		
				32 (a-b) [Occurrence Codes and Dates]		
				33 (a-b) [Occurrence Codes and Dates]		
				34 (a-b) [Occurrence Codes and Dates]		
				35 (a-b) [Occurrence Codes and Dates]		
				EMC v.6.0 Reference:		
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18,	20, 22,	24, 26
REQUIRED	HI04 - 3		1250	Date Time Period Format Qualifier X Code indicating the date format, time format, or date an	ID d time fo	2/3 rmat
			C	DEFINITION DEFINITION		
			D8	Date Expressed in Format CCYYMMDI)	
REQUIRED	HI04 - 4		1251	Date Time Period X Expression of a date, a time, or range of dates, times o	AN dates a	1/35 nd times
				UB-92 Reference [UB-92 Name]:		

_				
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 2
NOT USED	HI04 - 5		782	Monetary Amount O R 1/13
NOT USED	HI04 - 6		380	Quantity O R 1/1
NOT USED	HI04 - 7		799	Version Identifier O AN 1/30
NOT USED	HI04 - 8		1271	Industry Code X AN 1/36 Code indicating a code from a specific industry code list
NOT USED	HI04 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI05	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amounts and quantities
			Used v	when necessary to report multiple additional co-existing ions.
REQUIRED	HI05 - 1		1270	Code List Qualifier Code M ID 1/3
11201112	HI03 - 1		1270	Code identifying a specific industry code list
			C	DEFINITION DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC
				Codes
REQUIRED	HI05 - 2		1271	
REQUIRED	HI05 - 2		1271	Codes Industry Code M AN 1/30
REQUIRED	HI05 - 2		1271	Codes Industry Code
REQUIRED	HI05 - 2		1271	Codes Industry Code M AN 1/30 Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]:
REQUIRED	HI05 - 2		1271	Codes Industry Code M AN 1/36 Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates]
REQUIRED	HI05 - 2		1271	Codes Industry Code M AN 1/36 Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates]
REQUIRED	HI05 - 2		1271	Codes Industry Code M AN 1/36 Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates]
REQUIRED	HI05 - 2		1271	Codes Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates]
REQUIRED	HI05 - 2		1271	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference:
			1250	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26 Date Time Period Format Qualifier X ID 2/3
			1250	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			1250	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
REQUIRED	HI05 - 3		1250 	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format DDE DEFINITION Date Expressed in Format CCYYMMDD
REQUIRED	HI05 - 3		1250 	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format DDE DEFINITION Date Time Period X AN 1/38 Expression of a date, a time, or range of dates, times or dates and time
REQUIRED	HI05 - 3		1250 	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format DEFINITION Date Expressed in Format CCYYMMDD Date Time Period X AN 1/38 Expression of a date, a time, or range of dates, times or dates and time UB-92 Reference [UB-92 Name]:
REQUIRED	HI05 - 3		1250 	Industry Code Code indicating a code from a specific industry code list UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates] EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 20 Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format DEDE DEFINITION Date Time Period X AN 1/38 Expression of a date, a time, or range of dates, times or dates and time UB-92 Reference [UB-92 Name]: 32 (a-b), "DATE" field [Occurrence Codes and Dates]

				EMC v.6.0 Reference:						
				Record Type 40 Field No. 9, 11, 13, 15, 1	7, 19, 2	21, 23,	25, 27			
NOT USED	HI05 - 5		782	Monetary Amount	0	R	1/18			
NOT USED	HI05 - 6		380	Quantity	0	R	1/15			
NOT USED	HI05 - 7		799	Version Identifier	0	AN	1/30			
NOT USED	HI05 - 8		1271	Industry Code Code indicating a code from a specific industry of	X code list	AN	1/30			
NOT USED	HI05 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respon	X se	ID	1/1			
SITUATIONAL	HI06	C022		TH CARE CODE INFORMATION health care codes and their associated dates, an	O nounts a	nd quai	ntities			
			Used v	when necessary to report multiple additio	nal co-	existin	ıg			
REQUIRED	HI06 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3			
			co	DDE DEFINITION						
			ВН	Occurrence						
				CODE SOURCE 132: National Uniform Billi Codes	ing Comi	mittee (NUBC)			
REQUIRED	HI06 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30			
				UB-92 Reference [UB-92 Name]:						
				32 (a-b) [Occurrence Codes and Dates]						
				33 (a-b) [Occurrence Codes and Dates]						
				34 (a-b) [Occurrence Codes and Dates]						
				35 (a-b) [Occurrence Codes and Dates]						
				EMC v.6.0 Reference:						
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26						
REQUIRED	HI06 - 3		1250	Date Time Period Format Qualifier Code indicating the date format, time format, or	X date and	ID	2/3			
			co	DDE DEFINITION	aato ana		mat			
			D8	Date Expressed in Format CCYY	MMDD					
REQUIRED	HI06 - 4		1251	Date Time Period Expression of a date, a time, or range of dates,	X times or	AN dates a	1/35 nd times			
				UB-92 Reference [UB-92 Name]:						
				32 (a-b), "DATE" field [Occurrence Code	s and I	Dates]				
				33 (a-b), "DATE" field [Occurrence Code	s and I	Dates]				
				34 (a-b), "DATE" field [Occurrence Code 35 (a-b), "DATE" field [Occurrence Code		_				
				EMC v.6.0 Reference:						
				Record Type 40 Field No. 9, 11, 13, 15, 1	7, 19, 2	21, 23,	25, 27			
NOT USED	HI06 - 5		782	Monetary Amount	0	R	1/18			
NOT USED	HI06 - 6		380	Quantity	0	R	1/15			

NOT USED	HI06 - 7		799	Versio	n Identifier	0	AN	1/30			
NOT USED	HI06 - 8		1271		ry Code dicating a code from a specific industry cod	X e list	AN	1/30			
NOT USED	HI06 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1			
SITUATIONAL	HI07	C022		_	E CODE INFORMATION are codes and their associated dates, amou	O unts a	nd quan	tities			
			Used v	when necessary to report multiple additional co-existing							
REQUIRED	11107 4						ın	4.10			
KEQUIKED	HI07 - 1		1270		.ist Qualifier Code entifying a specific industry code list	М	ID	1/3			
			CC	ODE	DEFINITION						
			ВН		Occurrence						
					CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (N	NUBC)			
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry cod	M e list	AN	1/30			
				UB-92	Reference [UB-92 Name]:						
				32 (a-b) [Occurrence Codes and Dates]						
				•) [Occurrence Codes and Dates]						
				-) [Occurrence Codes and Dates]						
				35 (a-b) [Occurrence Codes and Dates]						
					6.0 Reference:						
				Record	Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22, 2	24, 26			
REQUIRED	HI07 - 3		1250		me Period Format Qualifier dicating the date format, time format, or date	X te and	ID I time for	2/3 mat			
			CC	ODE	DEFINITION						
			D8		Date Expressed in Format CCYYMI	MDD					
REQUIRED	HI07 - 4		1251		me Period ion of a date, a time, or range of dates, time	X es or	AN dates ar	1/35 and times			
				UB-92	Reference [UB-92 Name]:						
				32 (a-b), "DATE" field [Occurrence Codes	and I	Dates]				
				•), "DATE" field [Occurrence Codes		_				
				•), "DATE" field [Occurrence Codes a		_				
				-), "DATE" field [Occurrence Codes	and i	Jatesj				
				_	6.0 Reference:	40.6	M 00 /	OF 07			
				Record	Type 40 Field No. 9, 11, 13, 15, 17,	19, 2	21, 23, 2	25, 27			
NOT USED	HI07 - 5		782		ary Amount	0	R	1/18			
NOT USED	HI07 - 6		380	Quanti		0	R	1/15			
NOT USED	HI07 - 7		799		n Identifier	0	AN	1/30			
NOT USED	HI07 - 8		1271		ry Code dicating a code from a specific industry cod	X e list	AN	1/30			
NOT USED	HI07 - 9		1073	Yes/No	Condition or Response Code	X	ID	1/1			

				Code indicating a Yes or No condition or response		
SITUATIONAL	HI08	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, amounts	and qua	ıntities
			Used v	when necessary to report multiple additional coions.	o-existi	ng
REQUIRED	HI08 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	ID	1/3
			C	DDE DEFINITION		
			ВН	Occurrence		_
				CODE SOURCE 132: National Uniform Billing CoCodes	mmittee	(NUBC)
REQUIRED	HI08 - 2		1271	Industry Code M Code indicating a code from a specific industry code li		1/30
				UB-92 Reference [UB-92 Name]:		
				32 (a-b) [Occurrence Codes and Dates]		
				33 (a-b) [Occurrence Codes and Dates]		
				34 (a-b) [Occurrence Codes and Dates]		
				35 (a-b) [Occurrence Codes and Dates]		
				EMC v.6.0 Reference:		
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18	, 20, 22	, 24, 26
REQUIRED	HI08 - 3		1250	Date Time Period Format Qualifier X	ID	2/3
				Code indicating the date format, time format, or date a	nd time f	ormat
			C	DDE DEFINITION		
			D8	Date Expressed in Format CCYYMMD	D	
REQUIRED	HI08 - 4		1251	Date Time Period X Expression of a date, a time, or range of dates, times of		1/35 and times
				UB-92 Reference [UB-92 Name]:		
				32 (a-b), "DATE" field [Occurrence Codes and	d Dates]
				33 (a-b), "DATE" field [Occurrence Codes and	d Dates]
				34 (a-b), "DATE" field [Occurrence Codes and	d Dates]
				35 (a-b), "DATE" field [Occurrence Codes and	d Dates]
				EMC v.6.0 Reference:		
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19	, 21, 23	, 25, 27
NOT USED						
	HI08 - 5		782	Monetary Amount O	R	1/18
NOT USED	HI08 - 5		782 380	Monetary Amount O Quantity O	R R	1/18 1/15
NOT USED				·	R	
	HI08 - 6		380	Quantity O	R AN AN	1/15
NOT USED	HI08 - 6		380 799	Quantity O Version Identifier O Industry Code X	R AN AN	1/15 1/30

			when necessary to report multiple additional co-existing itions.
REQUIRED	HI09 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		ВН	Occurrence
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI09 - 2	1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
			UB-92 Reference [UB-92 Name]:
			32 (a-b) [Occurrence Codes and Dates]
			33 (a-b) [Occurrence Codes and Dates]
			34 (a-b) [Occurrence Codes and Dates]
			35 (a-b) [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI09 - 3	1250	Date Time Period Format Qualifier X ID 2/3 Code indicating the date format, time format, or date and time format
			CODE DEFINITION
		D8	Date Expressed in Format CCYYMMDD
REQUIRED	HI09 - 4	1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
			UB-92 Reference [UB-92 Name]:
			32 (a-b), "DATE" field [Occurrence Codes and Dates]
			33 (a-b), "DATE" field [Occurrence Codes and Dates]
			34 (a-b), "DATE" field [Occurrence Codes and Dates]
			35 (a-b), "DATE" field [Occurrence Codes and Dates]
			EMC v.6.0 Reference:
			Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI09 - 5	782	Monetary Amount O R 1/18
NOT USED	HI09 - 6	380	Quantity O R 1/15
NOT USED	HI09 - 7	799	Version Identifier O AN 1/30
NOT USED	HI09 - 8	1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI10 CO		TH CARE CODE INFORMATION nd health care codes and their associated dates, amounts and quantities
			when necessary to report multiple additional co-existing itions.
REQUIRED	HI10 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list

			С	ODE DEFINITION
			ВН	Occurrence
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
REQUIRED	HI10 - 2		1271	Industry Code M AN 1/30 Code indicating a code from a specific industry code list
				UB-92 Reference [UB-92 Name]:
				32 (a-b) [Occurrence Codes and Dates]
				33 (a-b) [Occurrence Codes and Dates]
				34 (a-b) [Occurrence Codes and Dates]
				35 (a-b) [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26
REQUIRED	HI10 - 3		1250	Date Time Period Format Qualifier X ID 2/3
				Code indicating the date format, time format, or date and time format
				ODE DEFINITION
			D8	Date Expressed in Format CCYYMMDD
REQUIRED	HI10 - 4		1251	Date Time Period X AN 1/35 Expression of a date, a time, or range of dates, times or dates and times
				UB-92 Reference [UB-92 Name]:
				32 (a-b), "DATE" field [Occurrence Codes and Dates]
				33 (a-b), "DATE" field [Occurrence Codes and Dates]
				34 (a-b), "DATE" field [Occurrence Codes and Dates]
				35 (a-b), "DATE" field [Occurrence Codes and Dates]
				EMC v.6.0 Reference:
				Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27
NOT USED	HI10 - 5		782	Monetary Amount O R 1/18
NOT USED	HI10 - 6		380	Quantity O R 1/15
NOT USED	HI10 - 7		799	Version Identifier O AN 1/30
NOT USED	HI10 - 8		1271	Industry Code X AN 1/30 Code indicating a code from a specific industry code list
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI11	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, amounts and quantities
			Used condition	when necessary to report multiple additional co-existing tions.
REQUIRED	HI11 - 1		1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			c	ODE DEFINITION
			вн	Occurrence
			-	CODE SOURCE 132: National Uniform Billing Committee (NUBC)
				Codes

REQUIRED	HI11 - 2		1271	Industry Code Code indicating a code from a specific industry cod	M e list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				32 (a-b) [Occurrence Codes and Dates]			
				33 (a-b) [Occurrence Codes and Dates]			
				34 (a-b) [Occurrence Codes and Dates]			
				35 (a-b) [Occurrence Codes and Dates]			
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 8, 10, 12, 14, 16,	18, 2	20, 22,	24, 26
REQUIRED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
			C	Code indicating the date format, time format, or date DDE DEFINITION	e and	time ic	rmat
				·	400		
			D8	Date Expressed in Format CCYYMI	טטוע		
REQUIRED	HI11 - 4		1251	Date Time Period Expression of a date, a time, or range of dates, time	X es or o	AN dates a	1/35 nd times
				UB-92 Reference [UB-92 Name]:			
				32 (a-b), "DATE" field [Occurrence Codes	and [Dates]	
				33 (a-b), "DATE" field [Occurrence Codes	and [Dates]	
				34 (a-b), "DATE" field [Occurrence Codes	and [Dates]	
				35 (a-b), "DATE" field [Occurrence Codes	and [Dates]	
				EMC v.6.0 Reference:			
				Record Type 40 Field No. 9, 11, 13, 15, 17,	19, 2	1, 23,	25, 27
NOT USED	HI11 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code Code indicating a code from a specific industry cod	X e list	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION	0		
				health care codes and their associated dates, amou			
			Used v	when necessary to report multiple additiona ions.	l co-	existin	g
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
REQUIRED	HI12 - 1				M	ID	1/3
REQUIRED	HI12 - 1			Code identifying a specific industry code list	M	ID	1/3
REQUIRED	HI12 - 1			Code identifying a specific industry code list DE DEFINITION			
REQUIRED	HI12 - 1			Code identifying a specific industry code list DE DEFINITION Occurrence CODE SOURCE 132: National Uniform Billing	Comi		
			BH	Code identifying a specific industry code list DE DEFINITION Occurrence CODE SOURCE 132: National Uniform Billing Codes Industry Code	Comi	mittee (NUBC)

OCCURRENCE III	ORMATION		IIII LEINEI	17,110	IT COIDE
			33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates]		
			EMC v.6.0 Reference:		
			Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20	0, 22,	24, 26
REQUIRED	HI12 - 3	1250	Date Time Period Format Qualifier X Code indicating the date format, time format, or date and to	ID time fo	2/3 rmat
		c	ODE DEFINITION		
		D8	Date Expressed in Format CCYYMMDD		
REQUIRED	HI12 - 4	1251	Date Time Period X Expression of a date, a time, or range of dates, times or d	AN ates ar	1/35 and times
			UB-92 Reference [UB-92 Name]:		
			32 (a-b), "DATE" field [Occurrence Codes and D	ates]	
			33 (a-b), "DATE" field [Occurrence Codes and D	ates]	
			34 (a-b), "DATE" field [Occurrence Codes and D	ates]	
			35 (a-b), "DATE" field [Occurrence Codes and D	ates]	
			EMC v.6.0 Reference:		
			Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21	1, 23,	25, 27
NOT USED	HI12 - 5	782	Monetary Amount O	R	1/18
NOT USED	HI12 - 6	380	Quantity	R	1/15
NOT USED	HI12 - 7	799	Version Identifier O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code X Code indicating a code from a specific industry code list	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code X Code indicating a Yes or No condition or response	ID	1/1

IMPLEMENTATION

VALUE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes:

1. Required when value information applies to the claim or encounter.

Example: HI*BE:08:::1740~

STANDARD

HI Health Care Information Codes

Level: Detail Position: 2310

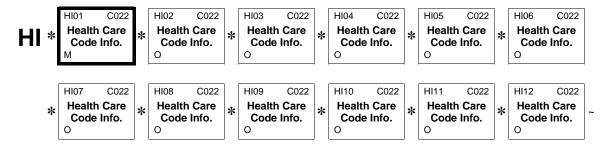
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME				ATTRIBU	TES
REQUIRED	HI01	C022		•,	E CODE INFORMATION are codes and their associated dates, amou	M nts a	nd qua	ntities
REQUIRED	HI01 - 1		1270	1270 Code List Qualifier Code Code identifying a specific industry code list		M	ID	1/3
			с	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (NUBC)
REQUIRED	HI01 - 2		1271		ry Code dicating a code from a specific industry code	M e list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			

					41 (a-d) [Value Codes and Amounts]			
					EMC v.6.0 Reference:			
					Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3			24, 25,
	NOT USED	HI01 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
	NOT USED	HI01 - 4		1251	Date Time Period	X	AN	1/35
	REQUIRED	HI01 - 5		782	Monetary Amount Monetary amount	0	R	1/18
					This data element must contain the Value Owhen Hixx-1 value equals BE (Value Code).		Amou	ınt
	NOT USED	HI01 - 6		380	Quantity	0	R	1/15
_	NOT USED	HI01 - 7		799	Version Identifier	0	AN	1/30
	NOT USED	HI01 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
	NOT USED	HI01 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI02	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, amou	O ints a	nd quan	tities
				Used v	when necessary to report multiple additional ions.	l co-	existin	g
	REQUIRED	HI02 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
				C	ODE DEFINITION			
				BE	ODE DEFINITION Value			
					·	Comi	mittee (N	NUBC)
	REQUIRED	HI02 - 2			Value code source 132: National Uniform Billing	М	mittee (N	NUBC)
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code	М		
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts]	М		
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts]	М		
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts]	М		
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts]	М		
	REQUIRED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]	M e list	AN 22, 23,	1/30
	REQUIRED NOT USED	HI02 - 2		BE	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20,	M e list	AN 22, 23,	1/30
				BE 1271	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3	M e list	AN 22, 23, 9	1/30
	NOT USED	HI02 - 3		BE 1271	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 30 Date Time Period Format Qualifier	M e list 21,, X	AN 22, 23, 9 ID	1/30 24, 25, 2/3
	NOT USED NOT USED	HI02 - 3 HI02 - 4		1271 1250 1251	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3 Date Time Period Format Qualifier Date Time Period Monetary Amount	M e list 21, 388, 3 X X O Code	22, 23, 9 ID AN R	1/30 24, 25, 2/3 1/35 1/18
	NOT USED NOT USED	HI02 - 3 HI02 - 4		1271 1250 1251	Value code source 132: National Uniform Billing Codes Industry Code Code indicating a code from a specific industry code UB-92 Reference [UB-92 Name]: 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts] EMC v.6.0 Reference: Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3 Date Time Period Format Qualifier Date Time Period Monetary Amount Monetary amount This data element must contain the Value (a)	M e list 21, 388, 3 X X O Code	22, 23, 9 ID AN R	1/30 24, 25, 2/3 1/35 1/18

_	IMPLEMENTATION G	UIDE				\	/ALUI	E INFOR	MATION
	NOT USED	HI02 - 8		1271		ry Code dicating a code from a specific industry cod	X de list	AN	1/30
	NOT USED	HI02 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI03	C022			E CODE INFORMATION are codes and their associated dates, amo	O unts a	nd quan	tities
				Used v		cessary to report multiple additiona	ıl co-	existin	g
	REQUIRED	HI03 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				C	ODE	DEFINITION			
				BE		Value			
						CODE SOURCE 132: National Uniform Billing Codes	Comi	mittee (N	NUBC)
	REQUIRED	HI03 - 2		1271		ry Code	M	AN	1/30
						dicating a code from a specific industry cod Reference [UB-92 Name]:	ie list		
) [Value Codes and Amounts]			
					•) [Value Codes and Amounts]			
					•) [Value Codes and Amounts]			
					EMC v	.6.0 Reference:			
						d Type 41 Field No. 16, 17, 18, 19, 20 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
	NOT USED	HI03 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
	NOT USED	HI03 - 4		1251	Date T	ime Period	X	AN	1/35
	REQUIRED	HI03 - 5		782		ary Amount ry amount	0	R	1/18
						ata element must contain the Value Hlxx-1 value equals BE (Value Code		Amou	ınt
	NOT USED	HI03 - 6		380	Quanti	ty	0	R	1/15
	NOT USED	HI03 - 7		799	Versio	n Identifier	0	AN	1/30
	NOT USED	HI03 - 8		1271		ry Code dicating a code from a specific industry cod	X de list	AN	1/30
	NOT USED	HI03 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI04	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O unts a	nd quan	tities
				Used v		cessary to report multiple additiona	ıl co-	existin	g
	REQUIRED	HI04 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				C	ODE	DEFINITION			
				BE		Value			_
						CODE SOURCE 132: National Uniform Billing Codes	Com	mittee (N	NUBC)

REQUIRED	HI04 - 2		1271	Industr Code ind	y Code licating a code from a specific industry cod	M e list	AN	1/30
				UB-92 F	Reference [UB-92 Name]:			
				39 (a-d)	[Value Codes and Amounts]			
				40 (a-d)	[Value Codes and Amounts]			
				41 (a-d)	[Value Codes and Amounts]			
				EMC v.	6.0 Reference:			
					Type 41 Field No. 16, 17, 18, 19, 20, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
NOT USED	HI04 - 3		1250	Date Ti	me Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4		1251	Date Ti	me Period	X	AN	1/35
REQUIRED	HI04 - 5		782	Moneta Monetary	ry Amount / amount	0	R	1/18
					ta element must contain the Value (lxx-1 value equals BE (Value Code)		Amou	nt
NOT USED	HI04 - 6		380	Quantit	у	0	R	1/15
NOT USED	HI04 - 7		799	Version	Identifier	0	AN	1/30
NOT USED	HI04 - 8		1271	Industr Code ind	y Code licating a code from a specific industry cod	X e list	AN	1/30
NOT USED	HI04 - 9		1073		Condition or Response Code licating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022			ECODE INFORMATION re codes and their associated dates, amou	O unts ar	nd quant	tities
			Used w		essary to report multiple additiona	l co-e	existing	3
REQUIRED	HI05 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			cc	DDE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing Codes	Comr	mittee (N	IUBC)
REQUIRED	HI05 - 2		1271	Industr	y Code licating a code from a specific industry cod	M	AN	1/30
					Reference [UB-92 Name]:	C IISt		
					[Value Codes and Amounts]			
				` '	[Value Codes and Amounts]			
					[Value Codes and Amounts]			
				FMC v	6.0 Reference:			
				Record	Type 41 Field No. 16, 17, 18, 19, 20			24, 25,
NOTHER					28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			
NOT USED	HI05 - 3		1250		me Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4		1251		me Period	X	AN -	1/35
REQUIRED	HI05 - 5		782		ry Amount y amount	0	R	1/18

							element must contain the Value (c-1 value equals BE (Value Code).		Amou	nt
	NOT USED	HI05	- 6		380	Quantity		0	R	1/15
	NOT USED	HI05	- 7		799	Version Id	lentifier	0	AN	1/30
	NOT USED	HI05	- 8		1271	Industry C	code ting a code from a specific industry code	X e list	AN	1/30
	NOT USED	HI05	- 9		1073		ondition or Response Code ting a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI06		C022		-	ODE INFORMATION codes and their associated dates, amou	O nts ar	nd quant	iities
					Used v		sary to report multiple additional	со-е	existing	}
	REQUIRED	HI06	- 1		1270		Qualifier Code fying a specific industry code list	M	ID	1/3
					cc	DDE DE	FINITION			
					BE	Va	llue			
							DE SOURCE 132: National Uniform Billing des	Comn	nittee (N	UBC)
	REQUIRED	HI06	- 2		1271	Industry C Code indica	Code ting a code from a specific industry code	M e list	AN	1/30
						UB-92 Ref	ference [UB-92 Name]:			
						39 (a-d) [V	/alue Codes and Amounts]			
						40 (a-d) [V	/alue Codes and Amounts]			
						41 (a-d) [V	'alue Codes and Amounts]			
						EMC v.6.0	Reference:			
							/pe 41 Field No. 16, 17, 18, 19, 20, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3			24, 25,
	NOT USED	HI06	- 3		1250	Date Time	Period Format Qualifier	х	ID	2/3
	NOT USED	HI06	- 4		1251	Date Time	Period	X	AN	1/35
	REQUIRED	HI06	- 5		782	Monetary Monetary a		0	R	1/18
							element must contain the Value (c-1 value equals BE (Value Code).		Amou	nt
	NOT USED	HI06	- 6		380	Quantity		0	R	1/15
_	NOT USED	HI06	- 7		799	Version Id	lentifier	0	AN	1/30
	NOT USED	HI06	- 8		1271	Industry C Code indica	Code ting a code from a specific industry code	X e list	AN	1/30
	NOT USED	HI06	- 9		1073		ondition or Response Code ting a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI07		C022			ODE INFORMATION codes and their associated dates, amou	O nts ar	nd quant	ities
					Used v		sary to report multiple additional	со-е	existing]
	REQUIRED	HI07	- 1		1270		Qualifier Code fying a specific industry code list	M	ID	1/3

				CODE		DEFINITION			
				BE		Value			
						CODE SOURCE 132: National Uniform Billing Codes	Comr	nittee (N	NUBC)
	REQUIRED	HI07 -	2	1271	Industr Code inc	y Code licating a code from a specific industry code	M e list	AN	1/30
					UB-92 F	Reference [UB-92 Name]:			
					39 (a-d)	[Value Codes and Amounts]			
					40 (a-d)	[Value Codes and Amounts]			
					41 (a-d)	[Value Codes and Amounts]			
					EMC v.	6.0 Reference:			
						Type 41 Field No. 16, 17, 18, 19, 20, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3			24, 25,
	NOT USED	HI07 -	3	1250	Date Ti	me Period Format Qualifier	X	ID	2/3
	NOT USED	HI07 -	4	1251	Date Ti	me Period	X	AN	1/35
	REQUIRED	HI07 -	5	782		rry Amount y amount	0	R	1/18
						ta element must contain the Value C llxx-1 value equals BE (Value Code).		Amou	nt
	NOT USED	HI07 -	6	380 799	Quantit	by .	0	R	1/15
_	NOT USED	HI07 -	7	799	Version	n Identifier	0	AN	1/30
	NOT USED	HI07 -	8	1271	Industr Code ind	y Code licating a code from a specific industry code	X e list	AN	1/30
	NOT USED	HI07 -	9	1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
	SITUATIONAL	HI08	C022			E CODE INFORMATION re codes and their associated dates, amou	O nts ar	nd quan	tities
				Used w		cessary to report multiple additional	co-e	existing	g
	REQUIRED	HI08 -	1	1270		ist Qualifier Code entifying a specific industry code list	М	ID	1/3
				со	DDE	DEFINITION			
				BE		Value			
						CODE SOURCE 132: National Uniform Billing Codes	Comr	nittee (N	IUBC)
	REQUIRED	HI08 -	2	1271	Industr Code ind	y Code licating a code from a specific industry code	M e list	AN	1/30
					UB-92 F	Reference [UB-92 Name]:			
					• •	[Value Codes and Amounts]			
					40 (a-d)	[Value Codes and Amounts]			
					41 (a-d)	[Value Codes and Amounts]			
					EMC v.	6.0 Reference:			

		0.52				*/,120		
					Record Type 41 Field No. 16, 17, 1 26, 27, 28, 29, 30, 31, 32, 33, 34, 35			24, 25,
	NOT USED	HI08 -	3	1250	Date Time Period Format Qualifie	r X	ID	2/3
	NOT USED	HI08 -	4	1251	Date Time Period	Х	AN	1/35
	REQUIRED	HI08 -	5	782	Monetary Amount Monetary amount	0	R	1/18
					This data element must contain tl when Hixx-1 value equals BE (Val		e Amou	ınt
	NOT USED	HI08 -	6	380	Quantity	0	R	1/15
	NOT USED	HI08 -	7	799	Version Identifier	0	AN	1/30
	NOT USED	HI08 -	8	1271	Industry Code Code indicating a code from a specific ir	X ndustry code list	AN	1/30
	NOT USED	HI08 -	9	1073	Yes/No Condition or Response Conde indicating a Yes or No condition or		ID	1/1
	SITUATIONAL	HI09	C022		H CARE CODE INFORMATION health care codes and their associated d	O lates, amounts a	ınd quan	ntities
				Used v	hen necessary to report multiple a ons.	additional co-	existin	g
	REQUIRED	HI09 -	1	1270	Code List Qualifier Code Code identifying a specific industry code	M list	ID	1/3
				CC	DE DEFINITION			
				BE	Value			
					code source 132: National Unif	orm Billing Com	mittee (1	NUBC)
	REQUIRED	HI09 -	2	1271	Industry Code Code indicating a code from a specific in	M ndustry code list	AN	1/30
					UB-92 Reference [UB-92 Name]:			
					39 (a-d) [Value Codes and Amoun	its]		
					40 (a-d) [Value Codes and Amoun	-		
					41 (a-d) [Value Codes and Amoun	its]		
					EMC v.6.0 Reference:			
					Record Type 41 Field No. 16, 17, 1 26, 27, 28, 29, 30, 31, 32, 33, 34, 35			24, 25,
	NOT USED	HI09 -	3	1250	Date Time Period Format Qualifie	r X	ID	2/3
	NOT USED	HI09 -	4	1251	Date Time Period	X	AN	1/35
	REQUIRED	HI09 -	5	782	Monetary Amount Monetary amount	0	R	1/18
					This data element must contain tl when Hixx-1 value equals BE (Val		e Amou	ınt
	NOT USED	HI09 -	6	380	Quantity	0	R	1/15
	NOT USED	HI09 -	7	799	Version Identifier	0	AN	1/30
ļ	NOT USED	HI09 -	8	1271	Industry Code Code indicating a code from a specific ir	X ndustry code list	AN	1/30
	NOT USED	HI09 -	9	1073	Yes/No Condition or Response Co	ode X	ID	1/1

				Code in	dicating a Yes or No condition or response			
SITUATIONAL	HI10	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O unts a	ınd quar	ntities
			Used v		cessary to report multiple additiona	al co-	existin	ıg
REQUIRED	HI10 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			C	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing Codes	g Com	mittee (NUBC)
REQUIRED	HI10 - 2		1271		ry Code dicating a code from a specific industry cod	M de list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				•	l) [Value Codes and Amounts]			
				•	l) [Value Codes and Amounts]			
				41 (a-c	I) [Value Codes and Amounts]			
					.6.0 Reference:			
					d Type 41 Field No. 16, 17, 18, 19, 20 28, 29, 30, 31, 32, 33, 34, 35, 35, 37,			24, 25,
NOT USED	HI10 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4		1251	Date T	ime Period	X	AN	1/35
REQUIRED	HI10 - 5		782		ary Amount ry amount	0	R	1/18
					ata element must contain the Value Hlxx-1 value equals BE (Value Code		e Amoi	unt
NOT USED	HI10 - 6		380	Quanti	ity	0	R	1/15
NOT USED	HI10 - 7		799	Versio	n Identifier	0	AN	1/30
NOT USED	HI10 - 8		1271		ry Code dicating a code from a specific industry cod	X de list	AN	1/30
NOT USED	HI10 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI11	C022		_	E CODE INFORMATION are codes and their associated dates, amo	O unts a	ınd quar	ntities
			Used v		cessary to report multiple additiona	al co-	existin	ıg
REQUIRED	HI11 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BE		Value			
					CODE SOURCE 132: National Uniform Billing Codes	g Com	mittee (NUBC)
REQUIRED	HI11 - 2		1271		ry Code dicating a code from a specific industry cod	M de list	AN	1/30

-							
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3			24, 25,
NOT USED	HI11 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4		1251	Date Time Period	X	AN	1/35
REQUIRED	HI11 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				This data element must contain the Value (when Hlxx-1 value equals BE (Value Code)		Amou	nt
NOT USED	HI11 - 6		380	Quantity	0	R	1/15
NOT USED	HI11 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI11 - 8		1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI11 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI12	C022		TH CARE CODE INFORMATION health care codes and their associated dates, amou	O ints ar	nd quant	ities
			Used w	when necessary to report multiple additional ons.	l co-e	existing	I
REQUIRED	HI12 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3
			co	DE DEFINITION			
			BE	Value			
				CODE SOURCE 132: National Uniform Billing Codes	Comr	nittee (N	UBC)
REQUIRED	HI12 - 2		1271	Industry Code Code indicating a code from a specific industry code	M e list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				39 (a-d) [Value Codes and Amounts]			
				40 (a-d) [Value Codes and Amounts]			
				41 (a-d) [Value Codes and Amounts]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 16, 17, 18, 19, 20, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 3			24, 25,
NOT USED	HI12 - 3		1250	Date Time Period Format Qualifier	х	ID	2/3
NOT USED	HI12 - 4		1251	Date Time Period	Χ	AN	1/35
REQUIRED	HI12 - 5		782	Monetary Amount Monetary amount	0	R	1/18
				This data element must contain the Value of when Hlxx-1 value equals BE (Value Code)		Amou	nt

NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED		40=0	Code indicating a code from a specific industry code	e list		
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

CONDITION INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Notes: 1. Required when condition information applies to the claim or

encounter.

Example: HI*BG:67~

STANDARD

HI Health Care Information Codes

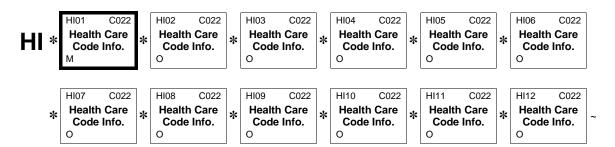
Level: Detail
Position: 2310
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ITES
REQUIRED	HI01	C022		TH CARE CODE INFORMATION I health care codes and their associated dates, am	M ounts a	ınd quaı	ntities
REQUIRED	HI01 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			c	DDE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billin Codes CODE SOURCE 641: Condition Code List	ıg Com	mittee (NUBC)
REQUIRED	HI01 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				LIP 02 Peterance [LIP 02 Name]			

UB-92 Reference [UB-92 Name]:

CONDITION INFORM	ATION				11411 1		NIAIIO	N GOIDE
				24 [Con	dition Codes]			
				25 [Con	dition Codes]			
				26 [Con	dition Codes]			
				27 [Con	dition Codes]			
				_	dition Codes]			
				_	dition Codes]			
				30 [Con	dition Codes]			
				EMC v.6	3.0 Reference:			
				Record	Type 41 Field No. 4, 5, 6, 7, 8, 9, 10), 11,	12, 13	
NOT USED	HI01 - 3		1250	Date Tir	ne Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4		1251	Date Tir	ne Period	X	AN	1/35
NOT USED	HI01 - 5		782	Moneta	ry Amount	0	R	1/18
NOT USED	HI01 - 6		380	Quantity	y	0	R	1/15
NOT USED	HI01 - 7		799	Version	Identifier	0	AN	1/30
NOT USED	HI01 - 8		1271	Industry Code ind	/ Code icating a code from a specific industry cod	X le list	AN	1/30
NOT USED	HI01 - 9		1073		Condition or Response Code icating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI02	C022		TH CARE	CODE INFORMATION re codes and their associated dates, amor	O unts a	nd guan	tities
					essary to report multiple additiona			
			condit		, , ,		·	
REQUIRED	HI02 - 1		1270		st Qualifier Code ntifying a specific industry code list	М	ID	1/3
			C	ODE	DEFINITION			
			BG		Condition			
					code source 132: National Uniform Billing Codes code source 641: Condition Code List	Com	mittee (N	NUBC)
REQUIRED	HI02 - 2		1271	Industry Code ind	/ Code icating a code from a specific industry cod	M le list	AN	1/30
					Reference [UB-92 Name]:			
					dition Codes]			
				25 [Con	dition Codes]			
				26 [Con	dition Codes]			
				27 [Con	dition Codes]			
				28 [Con	dition Codes]			
				29 [Con	dition Codes]			
				30 [Con	dition Codes]			
				EMC v.6	6.0 Reference:			
				Record	Type 41 Field No. 4, 5, 6, 7, 8, 9, 10), 11,	12, 13	
NOT USED	HI02 - 3		1250	Date Tir	me Period Format Qualifier	X	ID	2/3
NOT USED	HI02 - 4		1251	Date Tir	ne Period	X	AN	1/35

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NOT USED	HI02 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI02 - 6		380	Quantity	0	R	1/15
NOT USED	HI02 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI02 - 8		1271	Industry Code Code indicating a code from a specific industry co	X ode list	AN	1/30
NOT USED	HI02 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respons	X	ID	1/1
SITUATIONAL	HI03	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, am	O ounts a	and qua	ntities
			Used v	when necessary to report multiple addition tions.	al co-	existir	ıg
REQUIRED	HI03 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
			С	ODE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billir Codes CODE SOURCE 641: Condition Code List	g Com	mittee (NUBC)
REQUIRED	HI03 - 2		1271	Industry Code Code indicating a code from a specific industry co	M ode list	AN	1/30
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes]			
				30 [Condition Codes]			
				EMC v.6.0 Reference:			
				Record Type 41 Field No. 4, 5, 6, 7, 8, 9,	10, 11	, 12, 13	}
NOT USED	HI03 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4		1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5		782	Monetary Amount	0	R	1/18
NOT USED	HI03 - 6		380	Quantity	0	R	1/15
NOT USED	HI03 - 7		799	Version Identifier	0	AN	1/30
NOT USED	HI03 - 8		1271	Industry Code Code indicating a code from a specific industry co	X ode list	AN	1/30
NOT USED	HI03 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respons	X	ID	1/1
SITUATIONAL	HI04	C022		TH CARE CODE INFORMATION If health care codes and their associated dates, am	O ounts a	and qua	ntities
			Used v	when necessary to report multiple addition ions.	al co-	existir	ıg

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Code List Qualifier Code Code identifying a specific industry code list 1/3

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ID

REQUIRED

HI04 - 1

			cc	DDE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billing Codes CODE SOURCE 641: Condition Code List	Comr	mittee (l	NUBC)
REQUIRED	HI04 - 2		1271	Industry Code ind	y Code licating a code from a specific industry code	M e list	AN	1/30
				UB-92 F	Reference [UB-92 Name]:			
				24 [Con	ndition Codes]			
				-	ndition Codes]			
					ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes] ndition Codes]			
				_	ndition Codes]			
				_	6.0 Reference:			
				_	Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	. 11.	12. 13	
NOT USED	HI04 - 3		4050		me Period Format Qualifier			
NOT USED	HI04 - 3		1250 1251		me Period Format Qualifier me Period	X X	ID AN	2/3 1/35
NOT USED	HI04 - 5		782			^ 0	R	1/18
NOT USED	HI04 - 6		380		ry Amount	0	R R	1/15
NOT USED	HI04 - 7		799	Quantit	y 1 Identifier	0	AN	1/13
NOT USED	HI04 - 7		1271	Industr		X	AN	1/30
→	11104 - 0		1211		licating a code from a specific industry code		AIN	1/30
NOT USED	HI04 - 9		1073		Condition or Response Code licating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI05	C022			ECODE INFORMATION re codes and their associated dates, amou	O nts a	nd quar	ntities
			Used w		cessary to report multiple additional	CO-	existin	g
REQUIRED	HI05 - 1		1270		ist Qualifier Code entifying a specific industry code list	M	ID	1/3
			cc	DDE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billing Codes CODE SOURCE 641: Condition Code List	Comr	mittee (I	NUBC)
REQUIRED	HI05 - 2		1271	Industry Code ind	y Code licating a code from a specific industry code	M e list	AN	1/30
				UB-92 F	Reference [UB-92 Name]:			
				24 [Con	ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes]			
				27 [Con	ndition Codes]			

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					28 [Co	ndition Codes]			
					29 [Co	ndition Codes]			
					30 [Co	ndition Codes]			
					EMC v	.6.0 Reference:			
					Record	Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11,	12, 13	
	NOT USED	HI05 - 3		1250	Date T	ime Period Format Qualifier	X	ID	2/3
	NOT USED	HI05 - 4		1251	Date T	ime Period	X	AN	1/35
	NOT USED	HI05 - 5		782	Moneta	ary Amount	0	R	1/18
	NOT USED	HI05 - 6		380	Quanti	ty	0	R	1/15
_	NOT USED	HI05 - 7		799	Versio	n Identifier	0	AN	1/30
	NOT USED	HI05 - 8		1271		ry Code dicating a code from a specific industry	X code list	AN	1/30
	NOT USED	HI05 - 9		1073		Condition or Response Code dicating a Yes or No condition or response	X nse	ID	1/1
	SITUATIONAL	HI06	C022			E CODE INFORMATION are codes and their associated dates, a	O mounts a	nd quar	ntities
				Used v		cessary to report multiple addition	onal co-	existin	g
	REQUIRED	HI06 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
				Co	ODE	DEFINITION			
				BG		Condition			
						CODE SOURCE 132: National Uniform Bill Codes	_	mittee (I	NUBC)
	REQUIRED	HI06 - 2		1271		code source 641: Condition Code List ry Code	М	AN	1/30
						dicating a code from a specific industry	code list		
						Reference [UB-92 Name]: ndition Codes]			
					_	ndition Codes]			
					_	ndition Codes]			
					_	ndition Codes]			
					28 [Co	ndition Codes]			
					29 [Co	ndition Codes]			
					30 [Co	ndition Codes]			
					EMC v	.6.0 Reference:			
					Record	Type 41 Field No. 4, 5, 6, 7, 8, 9	, 10, 11,	12, 13	
	NOT USED	HI06 - 3		1250	Date T	ime Period Format Qualifier	х	ID	2/3
	NOT USED	HI06 - 4		1251	Date T	ime Period	X	AN	1/35
	NOT USED	HI06 - 5		782	Moneta	ary Amount	0	R	1/18
	NOT USED	HI06 - 6		380	Quanti		0	R	1/15
	NOT USED	HI06 - 7		799		n Identifier	0	AN	1/30
	NOT USED	HI06 - 8		1271		ry Code	X	AN	1/30
		_				-			

				Code in	dicating a code from a specific industry cod	le list		
NOT USED	HI06 - 9		1073		o Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI07	C022		_	E CODE INFORMATION are codes and their associated dates, amount	O unts a	nd quan	tities
			Used condit		cessary to report multiple additiona	l co-	existin	g
REQUIRED	HI07 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billing Codes CODE SOURCE 641: Condition Code List	Com	mittee (N	NUBC)
REQUIRED	HI07 - 2		1271		ry Code dicating a code from a specific industry coc	M le list	AN	1/30
				UB-92	Reference [UB-92 Name]:			
				24 [Co	ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes]			
				_	ndition Codes] ndition Codes]			
				_	ndition Codes]			
				_	-			
					.6.0 Reference: d Type 41 Field No. 4, 5, 6, 7, 8, 9, 10). 11.	12. 13	
NOT USED	HI07 - 3		1250		ime Period Format Qualifier	χ	ID	2/3
NOT USED						X		
NOT USED	HI07 - 4		1251 782		ime Period		AN R	1/35 1/18
NOT USED	HI07 - 6		-		ary Amount	0		1/15
NOT USED			380	Quanti		0	R	
NOT USED	HI07 - 7		799		n Identifier	0	AN	1/30
→	HI07 - 8		1271		ry Code dicating a code from a specific industry coc	X le list	AN	1/30
NOT USED	HI07 - 9		1073		o Condition or Response Code dicating a Yes or No condition or response	X	ID	1/1
SITUATIONAL	HI08	C022			E CODE INFORMATION are codes and their associated dates, amount	O unts a	nd quan	tities
			Used condit		cessary to report multiple additiona	l co-	existin	g
REQUIRED	HI08 - 1		1270		List Qualifier Code entifying a specific industry code list	M	ID	1/3
			С	ODE	DEFINITION			
			BG		Condition			
					CODE SOURCE 132: National Uniform Billing	Com	mittee (N	NUBC)
					Codes			

IMPLEMENTATION	GOIDE			CO	NUTTION	N IINFO	RIMATIO		
				CODE SOURCE 641: Condition Code List					
REQUIRED	HI08 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30		
				UB-92 Reference [UB-92 Name]:					
				24 [Condition Codes]					
				25 [Condition Codes]					
				26 [Condition Codes]					
				27 [Condition Codes]					
				28 [Condition Codes]					
				29 [Condition Codes] 30 [Condition Codes]					
				EMC v.6.0 Reference: Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13					
NOT USED	HI08 - 3		1250	Date Time Period Format Qualifier	X	ID	2/3		
NOT USED	HI08 - 4		1251	Date Time Period	X	AN	1/35		
NOT USED	HI08 - 5		782	Monetary Amount	0	R	1/18		
NOT USED	HI08 - 6		380	Quantity	0	R	1/15		
NOT USED	HI08 - 7		799	Version Identifier	0	AN	1/30		
NOT USED	HI08 - 8		1271	Industry Code	X	AN	1/30		
>				Code indicating a code from a specific industry of	ode list				
NOT USED	HI08 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or respon	X se	ID	1/1		
SITUATIONAL	HI09	C022		TH CARE CODE INFORMATION d health care codes and their associated dates, an	O nounts a	nd qua	ntities		
			Used v	when necessary to report multiple additio ions.	nal co-	existir	ng		
REQUIRED	HI09 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	М	ID	1/3		
			с	ODE DEFINITION					
			BG	Condition					
				CODE SOURCE 132: National Uniform Billi Codes CODE SOURCE 641: Condition Code List	ng Com	mittee	(NUBC)		
REQUIRED	HI09 - 2		1271	Industry Code Code indicating a code from a specific industry of	M code list	AN	1/30		
				UB-92 Reference [UB-92 Name]:					
				24 [Condition Codes]					
				25 [Condition Codes]					
				26 [Condition Codes]					
				27 [Condition Codes]					
				28 [Condition Codes]					
				29 [Condition Codes]					
				30 [Condition Codes]					
				EMC v.6.0 Reference:					

				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI09 - 3		1250	Date Time Period Format Qualifier	(ID	2/3
NOT USED	HI09 - 4		1251	Date Time Period	(AN	1/35
NOT USED	HI09 - 5		782	Monetary Amount C)	R	1/18
NOT USED	HI09 - 6		380	Quantity)	R	1/15
NOT USED	HI09 - 7		799	Version Identifier ()	AN	1/30
NOT USED	HI09 - 8		1271	Industry Code Code indicating a code from a specific industry code	(liet	AN	1/30
NOT USED	HI09 - 9		1073	Yes/No Condition or Response Code	(ID	1/1
SITUATIONAL	HI10	C022	НЕЛІТ	Code indicating a Yes or No condition or response H CARE CODE INFORMATION	`		
	11110	CUZZ		health care codes and their associated dates, amount	-	nd quant	ities
			Used w	then necessary to report multiple additional cons.	:о-е	existing	
REQUIRED	HI10 - 1		1270	Code List Qualifier Code Code identifying a specific industry code list	/	ID	1/3
			cc	DE DEFINITION			
			BG	Condition			
				CODE SOURCE 132: National Uniform Billing C Codes CODE SOURCE 641: Condition Code List	omn	nittee (N	UBC)
REQUIRED	HI10 - 2		1271	Industry Code Code indicating a code from a specific industry code		AN	1/30
				UB-92 Reference [UB-92 Name]:			
				24 [Condition Codes]			
				25 [Condition Codes]			
				26 [Condition Codes]			
				27 [Condition Codes]			
				28 [Condition Codes]			
				29 [Condition Codes] 30 [Condition Codes]			
				•			
				EMC v.6.0 Reference:	44	10 10	
NOT USED				Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,			
NOT USED	HI10 - 3		1250		(ID	2/3
NOT USED	HI10 - 4		1251			AN	1/35
NOT USED	HI10 - 5		782	,)	R	1/18
NOT USED	HI10 - 6		380)	R	1/15
NOT USED	HI10 - 7		799)	AN	1/30
NOT USED	HI10 - 8		1271	Industry Code Code indicating a code from a specific industry code	(list	AN	1/30
NOT USED	HI10 - 9		1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	(ID	1/1
SITUATIONAL	HI11	C022		H CARE CODE INFORMATION health care codes and their associated dates, amount		nd quant	ities

			when necessary to report multiple additional co-existing itions.
REQUIRED	HI11 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		BG	Condition
			CODE SOURCE 132: National Uniform Billing Committee (NUBC Codes CODE SOURCE 641: Condition Code List
REQUIRED	HI11 - 2	1271	Industry Code M AN 1/3 Code indicating a code from a specific industry code list
			UB-92 Reference [UB-92 Name]:
			24 [Condition Codes]
			25 [Condition Codes]
			26 [Condition Codes]
			27 [Condition Codes]
			28 [Condition Codes]
			29 [Condition Codes]
			30 [Condition Codes]
			EMC v.6.0 Reference:
			Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier X ID 2/3
NOT USED	HI11 - 4	1251	Date Time Period X AN 1/3
NOT USED	HI11 - 5	782	Monetary Amount O R 1/1
NOT USED	HI11 - 6	380	Quantity O R 1/1
NOT USED	HI11 - 7	799	Version Identifier O AN 1/3
NOT USED	HI11 - 8	1271	Industry Code X AN 1/3 Code indicating a code from a specific industry code list
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code X ID 1/1 Code indicating a Yes or No condition or response
SITUATIONAL	HI12 C022		LTH CARE CODE INFORMATION nd health care codes and their associated dates, amounts and quantities
			when necessary to report multiple additional co-existing itions.
REQUIRED	HI12 - 1	1270	Code List Qualifier Code M ID 1/3 Code identifying a specific industry code list
			CODE DEFINITION
		BG	Condition
			CODE SOURCE 132: National Uniform Billing Committee (NUBC Codes CODE SOURCE 641: Condition Code List
REQUIRED	HI12 - 2	1271	Industry Code M AN 1/3 Code indicating a code from a specific industry code list
			UB-92 Reference [UB-92 Name]:

			24 [Condition Codes]			
			25 [Condition Codes]			
			26 [Condition Codes]			
			27 [Condition Codes]			
			28 [Condition Codes]			
			29 [Condition Codes]			
			30 [Condition Codes]			
			EMC v.6.0 Reference:			
			Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10,	11,	12, 13	
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	0	R	1/18
NOT USED	HI12 - 6	380	Quantity	0	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	0	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code Code indicating a code from a specific industry code	X e list	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	X	ID	1/1

CLAIM QUANTITY

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 4

Notes: 1. Use the Quantity segment at the claim level Loop ID-2300 to transmit

quantities that apply to the entire claim.

2. Required on Inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.

Example: QTY*LA*20*DA~

STANDARD

QTY Quantity

Level: Detail

Position: 2400

Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To specify quantity information

Syntax: 1. R0204

At least one of QTY02 or QTY04 is required.

2. E0204

Only one of QTY02 or QTY04 may be present.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	TES
REQUIRED	QTY01	673	Quantity Quantity Quantity	ualifier ng the type of quantity	M	ID	2/2
			CODE	DEFINITION			
			CA	Covered - Actual			
				UB-92 Reference [UB-92 Name]:			
				7 [Covered Days]			
				EMC v.6.0 Reference:			
				Record Type 30 Field No. 20 (Sequ	uence	01-03)
			NA	Number of Non-covered Days			

CLAIM QUANTITI					"	AII FFIAIF	NIAIN	JN GOIDE
					UB-92 Reference [UB-92 Name]:			
					8 [Non-Covered Days]			
					EMC v.6.0 Reference:			
					Record Type 30 Field No. 21			
REQUIRED	QTY02	380	Quant Numeri	ity c value of	quantity	X	R	1/15
			SYNTAX:	R0204, E	0204			
REQUIRED	QTY03	C001			JNIT OF MEASURE posite unit of measure	0		
REQUIRED	QTY03 - 1	I	355	Code sp	Basis for Measurement Code becifying the units in which a value is be in which a measurement has been taken		ID essed, c	2/2 or
			C	ODE	DEFINITION			
			DA		Days			
NOT USED	QTY03 - 2	2	1018	Expon	ent	0	R	1/15
NOT USED	QTY03 - 3	3	649	Multipl	ier	0	R	1/10
NOT USED	QTY03 - 4	ı	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 5	5	1018	Expon	ent	0	R	1/15
NOT USED	QTY03 - 6	6	649	Multipl	ier	0	R	1/10
NOT USED	QTY03 - 7	7	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 8	3	1018	Expon	ent	0	R	1/15
NOT USED	QTY03 - 9)	649	Multipl	ier	0	R	1/10
NOT USED	QTY03 - 1	10	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 1	11	1018	Expon	ent	0	R	1/15
NOT USED	QTY03 - 1	12	649	Multipl	ier	0	R	1/10
NOT USED	QTY03 - 1	13	355	Unit or	Basis for Measurement Code	0	ID	2/2
NOT USED	QTY03 - 1	14	1018	Expon	ent	0	R	1/15
NOT USED	QTY03 - 1	15	649	Multipl		0	R	1/10
NOT USED	QTY04	61	Free-F	orm Me		Х	AN	1/30

ATTENDING PHYSICIAN NAME

Loop: 2310A — ATTENDING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all inpatient claims or encounters.
- 4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.
- 5. Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*71*1*JONES*JOHN****XX*12345678~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

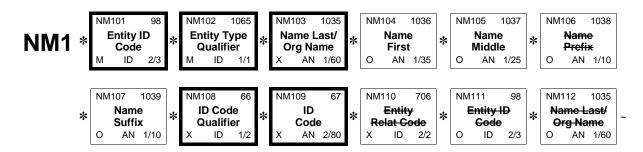
2 C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES
REQUIRED	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical local individual	M ion, prop	ID perty or	2/3 an
			The entity identifier in NM101 applies to all seg ID-2310.	ments	in Loo _l)
			CODE DEFINITION			
			71 Attending Physician			
REQUIRED	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	М	ID	1/1
			SEMANTIC: NM102 qualifies NM103.			
			CODE DEFINITION			
			1 Person			
			2 Non-Person Entity			
REQUIRED	NM103	1035	Name Last or Organization Name Individual last name or organizational name	X	AN	1/60
			ALIAS: Attending Physician Last Name			
			SYNTAX: C1203			
			UB-92 Reference [UB-92 Name]:			
			82, Line b [Attending Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 9, Positions 91-106 (AType 71 Field No. 20 if you are creating this atta		-	Record
			Only the Attending Physician license number is name will be ignored if not otherwise required.	neces	sary. T	Γhe

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SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35			
			ALIAS: Attending Physician First Name						
			UB-92 Reference [UB-92 Name]:						
			82, Line b [Attending Physician ID]						
			EMC v.6.0 Reference: Record Type 80 Field No. 9, Positions 107-1 (Also maps to EMC v.4.1 Record Type 71 Ficreating this attachment)		if you a	are			
			Required if NM102=1 (person).						
			Only the Attending Physician license numb name will be ignored if not otherwise require		sary. 1	Γhe			
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			Required if NM102=1 and the middle name/initial of the person is known.						
			Only the Attending Physician license numb name will be ignored if not otherwise require		sary. ٦	Γhe			
NOT USED	NM106	1038	Name Prefix	0	AN	1/10			
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			Required if known.						
			Only the Attending Physician license numb name will be ignored if not otherwise require		sary. T	Γhe			
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structu Code (67)	X ure used for I	ID dentifica	1/2 ation			
			syntax: P0809						
			EMC v.6.0 Reference:						
			Record Type 80 Field No. 4 (The National R assigns the UPIN to the provider for identifi						
			CODE DEFINITION						
			XX Health Care Financing Admi Provider Identifier	nistration I	Nationa	al			
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	х	AN	2/80			
			SYNTAX: P0809						
			UB-92 Reference [UB-92 Name]:						
			82, Line a [Attending Physician ID]						
			EMC v.6.0 Reference:						
			EMC v.6.0 Reference: Record Type 80 Field No. 5						

004040X156 • 837 • 2310A • NM1 ATTENDING PHYSICIAN NAME ASC X12N • INSURANCE SUBCOMMITTEE IMPLEMENTATION GUIDE

NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	0	AN	1/60

ATTENDING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2310A — ATTENDING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	REF01	128		ntification Qualifier he Reference Identification	M	ID	2/3
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			
REQUIRED	REF02	127		ntification nation as defined for a particular Transaction Identification Qualifier	X n Set	AN or as spe	1/50 ecified
			SYNTAX: R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	DENTIFIER	0		

OPERATING PHYSICIAN NAME

Loop: 2310B — OPERATING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. This segment is required when any surgical procedure code is listed on this claim.
- 3. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 4. Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*72*1*MEYERS*JANE***XX*12345678~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

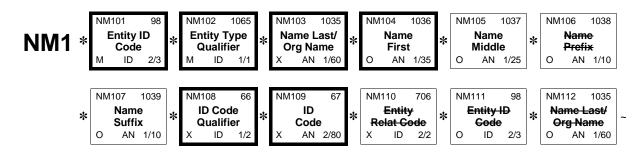
2 C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU	ΓES
REQUIRED	NM101	98	Entity Identifi Code identifying individual	er Code an organizational entity, a physical location	M , prop	ID perty or a	2/3 an
			The entity ide ID-2310.	ntifier in NM101 applies to all segme	ents i	n Loop	
			CODE	DEFINITION			
			72	Operating Physician			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	tualifier the type of entity	M	ID	1/1
			SEMANTIC: NM10	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED	NM103	1035		Organization Name ame or organizational name	X	AN	1/60
			ALIAS: Operatin	ng Physician Last Name			
			SYNTAX: C1203				
			UB-92 Refere	nce [UB-92 Name]:			
			83A, Line b [C	Other Physician ID]			
			EMC v.6.0 Re	ference:			
			Record Type	80 Field No. 10, Positions 116-131.			
				rating Physician license number is n gnored if not otherwise required.	eces	sary. T	he

REQUIRED	NM104	1036	Name First Individual first na	me	0	AN	1/35		
			ALIAS: Operatin	g Physician First Name					
			UB-92 Referer	nce [UB-92 Name]:					
			83A, Line b [O	ther Physician ID]					
			EMC v.6.0 Ref	erence:					
			Record Type 8	30 Field No. 10, Position 132-139					
				ating Physician license number gnored if not otherwise required.		ssary. ⁻	Γhe		
SITUATIONAL	NM105	1037	Name Middle Individual middle	name or initial	0	AN	1/25		
				This data element is required when NM102 equa Middle Name or Initial of the person is known by					
				ating Physician license number gnored if not otherwise required		ssary. ⁻	Γhe		
NOT USED	NM106	1038	Name Prefix		0	AN	1/10		
SITUATIONAL	NM107	1039	Name Suffix Suffix to individua	al name	0	AN	1/10		
			Required if kn	Required if known.					
				ating Physician license number gnored if not otherwise require		sary. ⁻	Γhe		
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure	X used for I	ID dentifica	1/2 ation		
			SYNTAX: P0809						
			CODE	DEFINITION					
		_	XX	Health Care Financing Adminis	stration I	Mation	al		
			**	Provider Identifier	stration i	Nation	ai		
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	Х	AN	2/80		
			SYNTAX: P0809						
			UB-92 Referer	nce [UB-92 Name]:					
			83A, Line a [O	ther Physician ID]					
			EMC v.6.0 Ref	erence:					
			Record Type 8	30 Field No. 6					
NOT USED	NM110	706	Entity Relation	nship Code	Х	ID	2/2		
NOT USED	NM111	98	Entity Identific	-	0	ID	2/3		
NOT USED	NM112	1035	-	Organization Name	0	AN	1/60		

OPERATING PHYSICIAN SECONDARY IDENTIFICATION

Loop: 2310B — OPERATING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

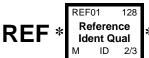
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			
REQUIRED	REF02	127		ntification nation as defined for a particular Transaction e Identification Qualifier	X n Set	AN or as sp	1/50 ecified
			SYNTAX : R0203				
NOT USED	REF03	352	Description		X	AN	1/80
NOT USED	REF04	C040	REFERENCE I	IDENTIFIER	0		

OTHER PROVIDER NAME

Loop: 2310C — OTHER PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Notes:

- 1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
- 2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.
- 3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
- 4. Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.
- 5. Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1*73*1*DOE*JOHN*A***34*201749586~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending

provider.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

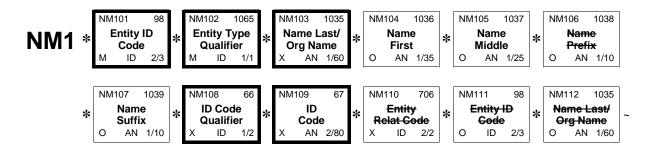
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBU [*]	res
REQUIRED	NM101 98	98	Entity Identifie Code identifying individual	er Code an organizational entity, a physical location	M , prop	ID erty or a	2/3 an
			The entity idea ID-2310.	ntifier in NM101 applies to all segme	nts i	n Loop	
			CODE	DEFINITION			
			73	Other Physician			
REQUIRED	NM102	1065	Entity Type Qu Code qualifying t		M	ID	1/1
			SEMANTIC: NM102	2 qualifies NM103.			
			CODE	DEFINITION			
			1	Person			
REQUIRED NM103 1035				Organization Name me or organizational name	X	AN	1/60
	ALIAS: Other Physician Last Name						
			SYNTAX: C1203				
			UB-92 Referer				
			83B, Line b [O				
			EMC v.6.0 Reference:				
			Record Type 8				
			Only the Other Physician license number is necess name will be ignored if not otherwise required.				

SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35
			ALIAS: Other Physician First Name			
			UB-92 Reference [UB-92 Name]:			
			83B, Line b [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 11, 12			
			Required if NM102=1 (person).			
			Only the Other Physician license number is necessary name will be ignored if not otherwise required.	essary	. The	
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25
			Required when NM102=1-Person and the Middle the person is known by the provider.	Name	or Init	tial of
			Only the Other Physician license number is neconame will be ignored if not otherwise required.	essary	. The	
NOT USED	NM106	1038	Name Prefix	0	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name	0	AN	1/10
			Other Provider Generation			
			Required if known.			
			Only the Other Physician license number is neconame will be ignored if not otherwise required.	essary	. The	
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure us Code (67)	X sed for l	ID dentifica	1/2 ation
			syntax: P0809			
REQUIRED	NM109	67	Identification Code Code identifying a party or other code	X	AN	2/80
			ALIAS: Other Physician Primary ID			
			SYNTAX: P0809			
			UB-92 Reference [UB-92 Name]: 83B, Line a [Other Physician ID]			
			EMC v.6.0 Reference:			
			Record Type 80 Field No. 7 Record Type 81 Field No. 6			
NOT USED						
NOT USED	NM110	706	Entity Relationship Code	X	ID	2/2
	NM111	98	Entity Identifier Code	0	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	0	AN	1/60

OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2310C — OTHER PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Notes: 1. Use this REF only when a second number is necessary to identify the

provider. The primary identification must be contained in NM109.

Example: REF*1G*A12345~

STANDARD

REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

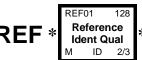
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME			ATTRIBUT	ES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification			ID	2/3
			CODE	DEFINITION			
			0B	State License Number			
			1G	Provider UPIN Number			
			LU	Location Number			
REQUIRED	REF02	127		entification mation as defined for a particular Transactio e Identification Qualifier	X n Set	AN or as sp	1/50 ecified
			SYNTAX: R0203				
NOT USED	REF03	352	Description		X	AN	1/80

NOT USED REF04

C040

0



REFERENCE IDENTIFIER

OTHER SUBSCRIBER INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION Repeat: 10

Usage: SITUATIONAL

Repeat: 1

Notes: 1. Required if other payers are known to potentially be involved in paying on this claim.

2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

3. All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it's respective 2330 Loops.



Example: SBR*S*01*GR00786**MC****OF~

STANDARD

SBR Subscriber Information

Level: Detail Position: 2900

Loop: 2320 **Repeat:** 10

Requirement: Optional

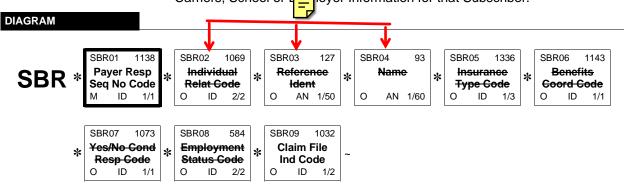
Max Use: 1

Purpose: To record information specific to the primary insured and the insurance carrier

for that insured

Set Notes: 1. Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance

Carriers, School or **[** loyer Information for that Subscriber.



ELEMENT SUMMARY

REQUIRED	3R01	1138	Payer Responsibility Sequence Number Code Code identifying the insurance carrier's level of responsibility foliaim UB-92 Reference [UB-92 Name]: 50 (A-C) [Payer Identification] 51 (A-C) [Provider Number] 52 (A-C) [Release of Information Certification Indication (A-C) [Prior Payments - Payers and Patient] 55 (A-C) [Estimated Amount Due]	ator	1	1/1 at of a
			50 (A-C) [Payer Identification] 51 (A-C) [Provider Number] 52 (A-C) [Release of Information Certification Indica 53 (A-C) [Assignment of Benefits Certification Indica 54 (A-C) [Prior Payments - Payers and Patient]		-	
			 51 (A-C) [Provider Number] 52 (A-C) [Release of Information Certification Indication (A-C) [Assignment of Benefits Certification Indication (A-C) [Prior Payments - Payers and Patient] 		-	
			52 (A-C) [Release of Information Certification Indica 53 (A-C) [Assignment of Benefits Certification Indica 54 (A-C) [Prior Payments - Payers and Patient]		-	
			53 (A-C) [Assignment of Benefits Certification Indic 54 (A-C) [Prior Payments - Payers and Patient]		-	
			54 (A-C) [Prior Payments - Payers and Patient]	ato	r]	
					-	
			55 (A-C) [Estimated Amount Due]			
			58 (A-C) [Insured's Name]			
			59 (A-C) [Patient's Relationship to Insured]			
			60 (A-C) [Certificate/Social Security Number/Health Claim/ Identification Number]	Ins	urance	
			61 (A-C) [Insured Group Name]			
			62 (A-C) [Insurance Group Number]			
			63 (A-C) [Treatment Authorization Code]			
			64 (A-C) [Employment Status Code of the Insured]			
			65 (A-C) [Employer Name of the Insured]			
			66 (A-C) [Employer Location of the Insured]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 2 (Sequence 01-03)			
			Record Type 31 Field No. 2 (Sequence 01-03)			
			Record Type 32 Field No. 2 (Sequence 01-03)			
			Record Type 40 Field No. 5, 6, 7			
	=		CODE DEFINITION			
	_	→	P Primary			
			S Secondary			
			T Tertiary			
	=		Used to indicate "payer of last resor	ť".		
SITUATIONAL	□ 3R02	1069	Individual Relationship Code	0	ID	2/2
SITUATIONAL	3R03	127	Reference Identification	0	AN	1/50
SITUATIONAL	3R04	93	Name	0	AN	1/60
NOT USED SE	3R05	1336	Insurance Type Code	0	ID	1/3
	3R06	1143		0	ID	1/1
	3R07	1073		0	ID	1/1
	3R08	584	•	0	ID ID	2/2

SITUATIONAL

SBR09

1032

Claim Filing Indicator Code

Code identifying type of claim

O ID 1/2

EMC v.6.0 Reference:

Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.)

Required prior to mandated used of PlanID. Not used after PlanID is mandated.

	CODE	DEFINITION
09		Self-pay
11		Other Non-Federal Programs
12		Preferred Provider Organization (PPO)
14		Exclusive Provider Organization (EPO)
15		Indemnity Insurance
16		Health Maintenance Organization (HMO) Medicare Risk
AM		Automobile Medical
BL		Blue Cross/Blue Shield
СН		Champus
CI		Commercial Insurance Co.
DS		Disability
НМ		Health Maintenance Organization
LI		Liability
LM		Liability Medical
MA		Medicare Part A
MB		Medicare Part B
MC		Medicaid
OF		Other Federal Program
wc		Workers' Compensation Health Claim
ZZ		Mutually Defined Unknown

MEDICARE INPATIENT ADJUDICATION INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION

Usage: SITUATIONAL

Repeat: 1

Notes: 1. This segment is used to convey the Medicare Inpatient Adjudication

Information if returned in the 835.

Example: MIA*1***3568.98*MAO*****************11***MA25~

STANDARD

MIA Medicare Inpatient Adjudication

Level: Detail

Position: 3150

Loop: 2320

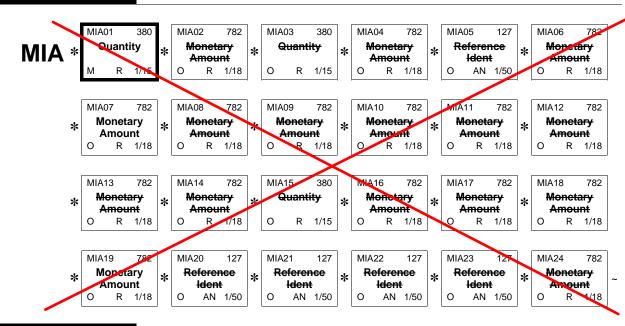
Requirement: Optional

Max Use: 1

Purpose: To provide claim-level data related to the adjudication of Medicare inpatient

claims

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

180

IIII ELIILIATION	JOIDE		MEDIOAKE IN ATIENT	ADOODIGATIO	1 1111	
REQUIRED	MIA01	380	Quantity Numeric value of quantity	М	R	1/15/
			SEMANTIC: MIA01 is the covered days.			
NOT USED	MIA02	782	Monetary Amount	0	R	1/18
NOT USED	MIA03	380	Quantity	0	R	1/15
NOT USED	MIA04	782	Monetary Amount	8	R	1/18
NOT USED	MIA05	127	Reference Identification	0	AN	1/50
NOT USED	MIA06	782	Monetary Amount	0	R	1/18
SITUATIONAL	MIA07	782	Monetary Amount Monetary amount	0	R	1/18
			SEMANTIC: MIA07 is the Medicare Secondary Pay	er (MSP) pass-th	rough a	amount.
			Use this amount to indicate the Medicare pass-through amount.	e Secondary P	ayer (I	MSP)
NOT USED	MIA08	782	Monetary Amount	0	R	1/18
NOT USED	MIA09	782	Monetary Amount	0	R	1/18
NOT USED	MIA10	782	Monetary Amount	0	R	1/18
NOT USED	MIA11	782	Monetary Amount	0	R	1/18
NOT USED	MIA12	782	Monetary Amount	0	R	1/18
NOT USED	MIA13	782	Monetary Amount	0	R	1/18
NOT USED	MIA14	782	Monetary Amount	0	R	1/18
NOT USED	MIA15	380	Quantity	0	R	1/15
NOT USED	MIA16	782	Monetary Amount	0	R	1/18
NOT USED	MIA17	782	Monetary Amount	0	R	1/18
NOT USED	MIA18	782	Monetary Amount	0	R	1/18
SITUATIONAL	MIA19	782	Monetary Amount Monetary amount	0	R	1/18
			SEMANTIC: MIA19 is the professional component a	amount billed but	not pay	/able.
			Use this amount to indicate the profession billed but not payable.	onal compone	ent amo	ount
NOT USED	MIA20	127	Reference Identification	0	AN	1/50
NOT USED	MIA21	127	Reference Identification	0	AN	1/50
NOT USED	MIA22	127	Reference Identification	0	AN	1/50
NOT USED	MIA23	127	Reference Identification	0	AN	1/50
NOT USED	MIA24	782	Monetary Amount	0	R	1/18

OTHER SUBSCRIBER NAME

Loop: 2330A — OTHER SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Submitters are required to send information on all known other

subscribers in Loop ID 2330.

2. The 2330A Loop is required when Loop ID 2320 - Other Subscriber

Information is used. Otherwise, this loop is not used.

3. The Other Subscriber Name is not necessary for the Reporting Guide, so it will be ignored if it is coded.

Example: NM1*IL*1*DOE*JOHN*T***34*123456789~

STANDARD

NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

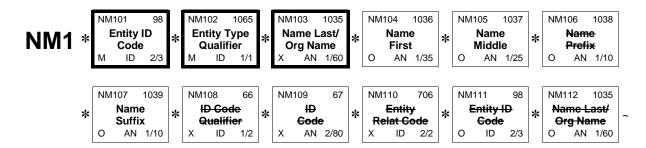
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	ITES
REQUIRED	NM101 98		Entity Identifier Code Code identifying an organizational entity, a physical location individual		ID perty or	2/3 an
			CODE DEFINITION			
			IL Insured or Subscriber			
REQUIRED NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M	ID	1/1	
		SEMANTIC: NM102 qualifies NM103.				
		CODE DEFINITION				
		1 Person				
REQUIRED NM103		Name Last or Organization Name Individual last name or organizational name	X	AN	1/60	
		ALIAS: Subscriber's Last Name				
		syntax: C1203				
		UB-92 Reference [UB-92 Name]:				
		58 (A-C) [Insured's Name]				
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 12 (Sequence 01-03)			
			The Other Subscriber Name is not necessary for Guide, so a masked value may be coded.	the F	Reporti	ng
SITUATIONAL	NM104	1036	Name First Individual first name	0	AN	1/35
			ALIAS: Subscriber's First Name			
			UB-92 Reference [UB-92 Name]:			
			58 (A-C) [Insured's Name]			
			EMC v.6.0 Reference:			
			Record Type 30 Field No. 13 (Sequence 01-03)			
			This data element is required when NM102 equa	ls one	e (1).	
			The Other Subscriber Name is not necessary for Guide, so masked value may be coded.	the F	Reporti	ng

SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial	0	AN	1/25			
			ALIAS: Subscriber's Middle Initial						
			UB-92 Reference [UB-92 Name]:						
			58 (A-C) [Insured's Name]						
			EMC v.6.0 Reference:						
			Record Type 30 Field No. 14 (Sequence 01-03)						
			Required if NM102=1 and the middle name/initial of the person is known.						
			The Other Subscriber Name is not necessary fo Guide, so X may be coded.	r the R	(eporti	ng			
NOT USED	NM106	1038	Name Prefix	0	AN	1/10			
SITUATIONAL	14101 100	1039	Name Suffix Suffix to individual name	0	AN	1/10			
			Examples: I, II, III, IV, Jr, Sr						
			Required if known.						
			The Other Subscriber Name is not necessary fo Guide, so XX may be coded.	r the R	Reporti	ng			
SITUATIONAL	NM108	66	Identification Code Qualifier	Х	ID	1/2			
SITUATIONAL	NM109	67	Identification Code	Х	AN	2/80			
NOT USED	NM110	706	Entity Relationship Code	Х	ID	2/2			
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3			
NOT USED	NM112	1035	Name Last or Organization Name	0	AN	1/60			

OTHER SUBSCRIBER SECONDARY INFORMATION

Loop: 2330A — OTHER SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 3

Notes: 1. This segment is required when additional identification numbers are

required.

Example: REF*SY*030385074~

STANDARD

REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

Requirement: Optional

Max Use: >1

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM









ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		ATTRIBL	JTES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	М	ID	2/3

CODE	DEFINITION
1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.
23	Client Number This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.
IG	Insurance Policy Number

			SY	Social Security Number The social security number m Medicare.	ay not be	used f	or		
REQUIRED	REQUIRED REF02	127		ntification nation as defined for a particular Tran e Identification Qualifier	X saction Set	AN or as sp	1/50 pecified		
			syntax: R0203						
			UB-92 Referen	nce [UB-92 Name]:					
			ificate/Social Security Number/ cation Number]	Health In	surance	e			
			EMC v.6.0 Ref	erence:					
			Record Type 3	30 Field No. 7 (Sequence 01-03)				
NOT USED	REF03	352	Description		X	AN	1/80		
NOT USED	REF04	C040	REFERENCE	IDENTIFIER	0				

OTHER PAYER NAME

Loop: 2330B — OTHER PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Notes: 1. Submitters are required to send all known information on other payers

in this Loop ID - 2330.

Example: NM1*PR*2*UNION MUTUAL OF OREGON****PI*43140~

STANDARD

NM1 Individual or Organizational Name

Level: Detail Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance

carriers referenced in loop 2320.

Syntax: 1. P0809

If either NM108 or NM109 is present, then the other is required.

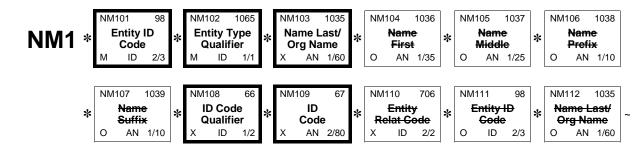
2. C1110

If NM111 is present, then NM110 is required.

3. C1203

If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE REF. DATA LELEMENT NAME ATTRIBUTES

REQUIRED	NM101	98	Entity Identificode identifying individual	er Code an organizational entity, a physical location	M , prop	ID erty or a	2/3 n
			CODE	DEFINITION			
			PR	Payer			
REQUIRED	NM102	1065	Entity Type Q Code qualifying	the type of entity	M	ID	1/1
			SEMANTIC: NIM102	2 qualifies NM103. DEFINITION			
			2	Non-Person Entity			
REQUIRED	NM103	1035		Organization Name	Х	AN	1/60
	Militos	1033		ame or organizational name	^	AII	1700
			ALIAS: Payer N a	ame			
			SYNTAX: C1203				
				nce [UB-92 Name]:			
			50 (A-C) [Paye	er Identification]			
			EMC v.6.0 Ref	ference:			
				30 Field No. 8b (Sequence 01-03)			
			Record Type	32 Field No. 4 (Sequence 01-03)			
			The Other Pay	ver Name is not necessary for the re	porti	ng guic	le.
NOT USED	NM104	1036	Name First		0	AN	1/35
NOT USED	NM105	1037	Name Middle		0	AN	1/25
NOT USED	NM106	1038	Name Prefix		0	AN	1/10
NOT USED	NM107	1039	Name Suffix		0	AN	1/10
REQUIRED	NM108	66		Code Qualifier g the system/method of code structure used	X d for lo	ID dentificat	1/2 tion
			SYNTAX: P0809				
			EMC v.6.0 Ref	ference:			
			Record Type	30 Field No. 5, 6 (Sequence 01-03)			
			CODE	DEFINITION			
			PI	Payor Identification			
			XV	Health Care Financing Administrat Payer Identification Number (PAYE			I
				code source 540: Health Care Financing National PAYERID	Admir	nistration	
REQUIRED	NM109	67	Identification Code identifying	Code a party or other code	X	AN	2/80
			ALIAS: Payer Pr	imary ID			
			SYNTAX: P0809				
			This number i	must be identical to SVD01 (L00p ID	- 243	80) for C	COB.

NOT USED	NM110	706	Entity Relationship Code	Х	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	0	ID	2/3
NOT USED	NM112	1035	Name Last or Organization Name	0	AN	1/60

OTHER PAYER SECONDARY IDENTIFICATION AND REFERENCE NUMBER

Loop: 2330B — OTHER PAYER NAME

Usage: SITUATIONAL

Repeat: 2

Notes: 1. This segment is required when a secondary number is needed to

identify the payer.

2. Used when it is necessary to identify the 'other' payer's claim number

REF04

Reference

Identifier

C040

in a payer-to-payer COB situation (use code F8).

Example: REF*FY*465980789~

STANDARD

REF Reference Identification

Level: Detail Position: 3550

Loop: 2330

Requirement: Optional

Max Use: >1

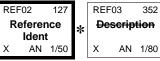
Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME		,	ATTRIBU	TES
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	N	1	ID	2/3

Use code F8 to indicate the payer's claim number assigned to this claim by the payer referenced in this interation of Loop ID - 2330B.

CODE	DEFINITION
2U	Payer Identification Number
F8	Original Reference Number
	UB-92 Reference [UB-92 Name]:

				37 (A-C) [Internal Control Number (Control Number (DCN)] EMC v.6.0 Reference: Record Type 31 Field No. 14 (Sequence)	, ,				
			FY	Claim Office Number					
		NF	National Association of Insurance Commissioners (NAIC) Code						
			CODE SOURCE 245: National Association of Commissioners (NAIC) Code	Insur	ance				
			TJ	Federal Taxpayer's Identification N	umb	er			
REQUIRED	RED REF02 127	127		ntification lation as defined for a particular Transaction Identification Qualifier	X n Set	AN or as sp	1/50 pecified		
			SYNTAX : R0203						
NOT USED	REF03	352	Description		X	AN	1/80		
NOT USED	REF04	C040	REFERENCE I	DENTIFIER	0				



SERVICE LINE NUMBER

Loop: 2400 — SERVICE LINE NUMBER Repeat: 999

Usage: REQUIRED

Repeat: 1

Notes:

- The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
- 2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
- 3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: LX*1~

STANDARD

LX Assigned Number

Level: Detail Position: 3650

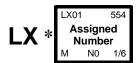
Loop: 2400 Repeat: >1

Requirement: Optional

Max Use: 1

Purpose: To reference a line number in a transaction setSet Notes: 1. Loop 2400 contains Service Line information.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DATA DES. ELEMENT		NAME		ATTRIBUTES			
REQUIRED	REQUIRED LX01 554		Assigned Number Number assigned for differentiation within a transaction set		N0	1/6		
			This is the service line number. Begin with 1 and i	ncre	ment b	v 1 for		

each new LX segment within a claim.

INSTITUTIONAL SERVICE LINE

Loop: 2400 — SERVICE LINE NUMBER

Usage: REQUIRED

Repeat: 1

Notes:

1. This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for

claim adjudication.

Example: SV2*300*HC:80019*73.42*UN*1~

Example: SV2*120**1500*DA*5*300~

STANDARD

SV2 Institutional Service

Level: Detail Position: 3750

Loop: 2400

Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care institution

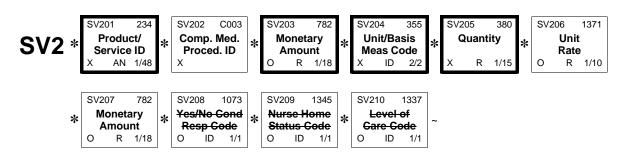
Syntax: 1. R0102

At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

DIAGRAM



ELEMENT SUMMARY

REF. DATA
USAGE DES. ELEMENT NAME ATTRIBUTES

REQUIRED	SV201	234		ct/Service ID ing number for a product or service	X	AN	1/48
			ALIAS: S	Service Line Revenue Code			
			SYNTAX	R0102			
			SEMANT	c: SV201 is the revenue code.			
			UB-92	Reference [UB-92 Name]:			
			42 [Re	evenue Code]			
			EMC \	v.6.0 Reference:			
			Recor	d Type 50 Field No. 4, 11, 12, 13			
				d Type 60 Field No. 4, 13, 14			
			Recor	d Type 61 Field No. 4, 14, 15			
			See C Codes	ode Source 132: National Uniform Billing C s.	omm	ittee (N	IUBC)
SITUATIONAL	SV202	C003	COMP	OSITE MEDICAL PROCEDURE	Х		
			IDENT To iden modifie	tify a medical procedure by its standardized codes	and ap	plicable	
			ALIAS: S	Service Line Procedure Code			
			UB-92	Reference [UB-92 Name]:			
			44 (HC	CPCS) [HCPCS/Rates/HIPPS Rate Codes]			
			This d	ata element is required for all Outpatient c	laims	_	
PEOLIDED	0)/000	-					0/0
REQUIRED SV202 - 1	l	235	Product/Service ID Qualifier Code identifying the type/source of the descriptive Product/Service ID (234)	M e numl	ID per used	2/2 in	
			c	ODE DEFINITION			
		НС	Health Care Financing Administra Procedural Coding System (HCP)			on	
				Because the AMA's CPT codes at			1
				HCPCS codes, they are reported code source 130: Health Care Financing			า
DECUIPES				Common Procedural Coding System			
REQUIRED	SV202 - 2	2	234	Product/Service ID Identifying number for a product or service	M	AN	1/48
				ALIAS: HCPCS Procedure Code			
				UB-92 Reference [UB-92 Name]:			
				44 (HCPCS) [HCPCS/Rates/HIPPS Rate C	odes	l	
				EMC v.6.0 Reference:			
				Record Type 60 Field No. 5, 13, 14			
				Record Type 61 Field No. 5, 14, 15			
SITUATIONAL	SV202 - 3	2	1339	Procedure Modifier	0	AN	2/2
J. J. Holine	3v2U2 - 3	,	1333	This identifies special circumstances related to the service, as defined by trading partners	_		
				ALIAS: HCPCS Modifier 1			

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 9, 13, 14

Record Type 61 Field No. 10, 14, 15

Use this modifier for the first procedure code modifier.

This data element is required when the Provider needs to convey additional clarification for the associated procedure code.

SITUATIONAL

SV202 - 4

1339 **Procedure Modifier** 0 AN

2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

ALIAS: HCPCS Modifier 2

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

EMC v.6.0 Reference:

Record Type 60 Field No. 7, 13, 14

Record Type 61 Field No. 7, 14, 15

Use this modifier for the second procedure code modifier.

See SV202-3

SITUATIONAL

SV202 - 5

1339 **Procedure Modifier**

AN 0

2/2

This identifies special circumstances related to the performance of the service, as defined by trading partners

ALIAS: HCPCS Modifier 3

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

SITUATIONAL

SV202 - 6

1339 **Procedure Modifier**

0

 ΔN 212

This identifies special circumstances related to the performance of the service, as defined by trading partners

ALIAS: HCPCS Modifier 4

UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

NOT USED SV202 - 7

352

Description

0 AN 1/80

REQUIRED	SV203	782	Monetary Amount Monetary amount	0	R	1/18		
			ALIAS: Service Line Charge Amount					
			SEMANTIC: SV203 is a submitted charge amount.					
			UB-92 Reference [UB-92 Name]:					
			47 [Total Charges (by Revenue Code Category)]					
			EMC v.6.0 Reference:					
			Record Type 50 Field No. 7, 11, 12, 13					
			Record Type 60 Field No. 9, 13, 14					
			Record Type 61 Field No. 10, 14, 15					
			Use this amount to indicate the submitted charge amount.					
REQUIRED	SV204	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being express a measurement has been taken	X sed, or	ID manne	2/2 r in which		
			syntax: P0405					
			CODE DEFINITION					
			DA Days					
REQUIRED	SV205	380	Quantity Numeric value of quantity	X	R	1/15		
			ALIAS: Service Line Units					
			syntax: P0405					
			UB-92 Reference [UB-92 Name]:					
			46 [Units of Service]					
			EMC v.6.0 Reference:					
			Record Type 50 Field No. 6, 11, 12, 13					
			Record Type 60 Field No. 8, 13, 14					
			Record Type 61 Field No. 8, 14, 15					
SITUATIONAL	SV206	1371	Unit Rate The rate per unit of associate revenue for hospital accomm	O lodatio	R	1/10		
			ALIAS: Service Line Rate Amount					
			UB-92 Reference [UB-92 Name]:					
			44 ("RATES") [HCPCS/Rates/HIPPS Rate Codes]					
		EMC v.6.0 Reference:						
			Record Type 50 Field No. 5, 11, 12, 13 This data element is required when the associate 100-219.	d rev	enue (code is		

SITUATIONAL	SV207	782	Monetary Amount Monetary amount	0	R	1/18
			ALIAS: Service Line Non-Covered Charge Amount			
			SEMANTIC: SV207 is a noncovered charge amount.			
			UB-92 Reference [UB-92 Name]:			
			48 [Non-Covered Charges]			
			EMC v.6.0 Reference:			
			Record Type 50 Field No. 8, 11, 12, 13			
			Record Type 60 Field No. 10, 13, 14			
			Record Type 61 Field No. 11, 14, 15			
			Use this amount if needed to report line specific charge amount.	non-c	overe	d
NOT USED	SV208	1073	Yes/No Condition or Response Code	0	ID	1/1
NOT USED	SV209	1345	Nursing Home Residential Status Code	0	ID	1/1
NOT USED	SV210	1337	Level of Care Code	0	ID	1/1



TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

Example: SE*1230*987654~

STANDARD

SE Transaction Set Trailer

Level: Detail Position: 5550

Loop: ____

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the end of the transaction set and provide the count of the

transmitted segments (including the beginning (ST) and ending (SE) segments)

DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	SE01	96	Number of Included Segments	M	N0	1/10
			Total number of segments included in a transaction set inclusegments	ding	ST and	SE
REQUIRED	SE02	329	Transaction Set Control Number Identifying control number that must be unique within the tra functional group assigned by the originator for a transaction		AN tion set	4/9
			SE02 must match ST02.			

C External Code Sources

130 Health Care Financing Administration Common Procedural Coding System

SIMPLE DATA ELEMENT/CODE REFERENCES

235/HC, 1270/BO, 1270/BP

SOURCE

Health Care Finance Administration Common Procedural Coding System

AVAILABLE FROM

Health Care Financing Administration 6325 Security Boulevard Baltimore, MD 21207

ABSTRACT

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

131 International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

SIMPLE DATA ELEMENT/CODE REFERENCES

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ, 1270/BR, 1270/DD, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

SOURCE

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

AVAILABLE FROM

U.S. National Center for Health Statistics Commission of Professional and Hospital Activities 1968 Green Road Ann Arbor, MI 48105

ABSTRACT

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

132 National Uniform Billing Committee (NUBC) Codes

SIMPLE DATA ELEMENT/CODE REFERENCES

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association

One North Franklin Chicago, IL 60606

ABSTRACT

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

22 States and Outlying Areas of the U.S.

SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

SOURCE

National Zip Code and Post Office Directory

AVAILABLE FROM

U.S. Postal Service National Information Data Center P.O. Box 2977 Washington, DC 20013

ABSTRACT

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche available from NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces: AB - Alberta BC - British Columbia MB - Manitoba NB - New Brunswick NF - Newfoundland NS - Nova Scotia NT - North West Territories ON - Ontario PE - Prince Edward Island PQ - Quebec SK - Saskatchewan YT - Yukon

230 Admission Source Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1314

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining who recommended admission to a medical facility.

231 Admission Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1315

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining the priority of the admission to a medical facility.

235 | Claim Frequency Type Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1325

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Position 3

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes explaining the frequency of the bill submission.

236 Uniform Billing Claim Form Bill Type

SIMPLE DATA ELEMENT/CODE REFERENCES

1332/A

SOURCE

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes describing the type of medical facility.

239 | Patient Status Code

SIMPLE DATA ELEMENT/CODE REFERENCES

1352

SOURCE

National Uniform Billing Data Element Specifications

AVAILABLE FROM

National Uniform Billing Committee American Hospital Association One North Franklin Chicago, IL 60606

ABSTRACT

A variety of codes indicating patient status as of the statement covers through date.

245 National Association of Insurance Commissioners (NAIC) Code

SIMPLE DATA ELEMENT/CODE REFERENCES

128/NF

SOURCE

National Association of Insurance Commissioners Company Code List Manual

AVAILABLE FROM

National Association of Insurance Commission Publications Department 12th Street, Suite 1100 Kansas City, MO 64105-1925

ABSTRACT

Codes that uniquely identify each insurance company.

5 Countries, Currencies and Funds

SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release) Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

AVAILABLE FROM

American National Standards Institute 11 West 42nd Street, 13th Floor New York, NY 10036

ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of

countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

51 | ZIP Code

SIMPLE DATA ELEMENT/CODE REFERENCES

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

SOURCE

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

AVAILABLE FROM

U.S Postal Service Washington, DC 20260

New Orders Superintendent of Documents P.O. Box 371954 Pittsburgh, PA 15250-7954

ABSTRACT

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestics Mail Manual includes information on the use of the new 11-digit zip code.

540 Health Care Financing Administration National PAYERID

SIMPLE DATA ELEMENT/CODE REFERENCES

66/XV

SOURCE

PAYERID Database

AVAILABLE FROM

Health Care Financing AdministrationBureau of Program Operations Chief, Benefit Coordination

S1-03-08

7500 Security Boulevard

Baltimore, MD 21244-1850

ABSTRACT

The Health Care Financing Administration has joined with other payers to develop a unique national payer identification number. The Health Care Financing Administration is the authorizing agent for enumerating payers through the services of a PAYERID Registrar. It may also be used by other payers on a voluntary basis.

641 Condition Code List

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/BG

SOURCE

Condition Code List

AVAILABLE FROM

EDI Administrator

Dun & Bradstreet Corp.

100 Locust Avenue

Berkely Heights, NJ 07922

ABSTRACT

Provides condition codes and descriptions relating to business entities or individuals involved in business entities.

859 Classification of Race or Ethnicity

SIMPLE DATA ELEMENT/CODE REFERENCES

1270/RET

SOURCE

Classification of Race or Ethnicity

AVAILABLE FROM

Health Information and Surveillance Systems Board Centers for Disease Control and Prevention Mailstop C08 1600 Clifton Road, NE Atlanta, Georgia 30333

ABSTRACT

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.